

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066138

FILED
Jul 18, 2005
Secretary of State

Entity Name: OFT BEATS RECORDS, LLC

Current Principal Place of Business:

319 E CHURCH STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

P O BOX 37326
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 20-1616564 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NURSE, MARCIA
319 E CHURCH STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NURSE, MARCIA
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: NURSE, CHRISTOPHER
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARCIA NURSE

MGR

07/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date