2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011368

Address:

City-St-Zip:

649 S.W. WHITMORE DRIVE

PORT ST LUCIE, FL 34984

5WEWT# 200000011000

Entity Name: ARTIST MANAGEMENT RESOURCES, L.C.

FILED Apr 30, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:	
	WHITMORE D LUCIE, FL 34			
Current Mailing Address:			New Mailing Address:	
	WHITMORE D LUCIE, FL 34			
FEI Number:	: 65-1041960	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
649 SW W	JOSEPH G JF /HITMORE DF LUCIE, FL 34	RIVE		
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
SIGNATUF	RE:			
Electronic Signature of Registered Age			jent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	SIMMONS, RC	TMORE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (BONGIOVI, AN 649 S.W. WHI PORT ST LUC	TMORE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (FERGUSON, A 649 S.W. WHI PORT ST LUC	TMORE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name [:]	MGRM () Delete =pH	Title:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH BUTERA MGRM 04/30/2004