

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015379

FILED
Apr 27, 2004
Secretary of State

Entity Name: OPENAUDITION.NET, LLC

Current Principal Place of Business:

20225 N.E. 34TH CT.
#1412
AVENTURA, FL 33180

New Principal Place of Business:

3524 TURNINGWIND LANE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

20225 N.E. 34TH CT.
#1412
AVENTURA, FL 33180

New Mailing Address:

PO BOX 618121
ORLANDO, FL 32861 US

FEI Number: 02-0540550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLISAR, STEVE
420 LINCOLN RD., #602
MIAMI BEACH, FL 33139 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/MEMBERS:

Title: MGRM () Delete
Name: DAGENAIS-MARCHANT, ARMANDE
Address: 20225 N.E. 34TH CT., #1412
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: MARCHANT, ALEXANDER J
Address: 20225 N.E. 34TH CT., #1412
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAGENAIS-MARCHANT, ARMANDE
Address: 3524 TURNINGWIND LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM (X) Change () Addition
Name: MARCHANT, ALEXANDER J
Address: 3524 TURNINGWIND LANE
City-St-Zip: WINTER GARDEN, FL 34787

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: ALEXANDER J MARCHANT

MGRM

04/27/2004

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