

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000004314

FILED
Sep 13, 2002
Secretary of State

Entity Name: ALLEN & ALLEN MUSIC GROUP, L.L.C.

Current Principal Place of Business:

10832 NAPLES COURT SOUTH
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10832 NAPLES COURT SOUTH
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3695933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, BRUCE V
10832 NAPLES COURT SOUTH
JACKSONVILLE, FL 32218

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JOHNSON, GARRETT M COO
Address: 2003 SOUTH VICTORIA AVENUE
City-St-Zip: LOS ANGELES, CA 90016 US

Title: MGR () Change (X) Addition
Name: ALLEN, BRUCE V CO-CEO
Address: 9117 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MGR () Change (X) Addition
Name: WIGGINS, ALLEN CO-CEO
Address: 3099 ORANGE CENTER BLVD.
City-St-Zip: ORLANDO, FL 32805 US

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: GARRETT M. JOHNSON

MGR

09/13/2002

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