


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000004314</b> 1. Entity Name <b>ALLEN &amp; ALLEN MUSIC GROUP, L.L.C.</b>	
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Principal Place of Business <b>10832 NAPLES COURT SOUTH JACKSONVILLE, FL 32218</b>	Mailing Address <b>10832 NAPLES COURT SOUTH JACKSONVILLE, FL 32218</b>
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ALLEN, BRUCE V 10832 NAPLES COURT SOUTH JACKSONVILLE, FL 32218</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JOHNSON, GARRETT M COO 2003 SOUTH VICTORIA AVENUE LOS ANGELES, CA 90016
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ALLEN, BRUCE V CO-CEO 9117 LEM TURNER ROAD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WIGGINS, ALLEN CO-CEO 3099 ORANGE CENTER BLVD. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/29/04 (904) 924-0000**  
Date Daytime Phone #