2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000013088

1. Entity Name

NEGATIVE PROGRESSION RECORDS OF FLORIDA, LLC



Jan 24, 2005 08:00 AM Secretary of State

Principal Place of Business

250 WHITE OAK CIRCLE MAITLAND, FL 32751 Mailing Address

250 WHITE OAK CIRCLE MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3736139 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, TERRY A 250 WHITE OAK CIRCLE MAITLAND, FL 32751

CITY - ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP

TITLE

DO NOT WRITE IN THIS SPACE

MAITLAND, FL 32751		IN THIS SPACE	
	named entity submits this statement for the purpose of char ions of registered agent.	 nging its registered office or registered agent, or both	n, in the State of Florida. I am tamiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and this if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2005		
9. Title Name Street address City - St - Zip	MANAGING MEMBERS/MANAGERS MGRM SETH, HYMAN A 250 WHITE OAK CIRCLE MAITLAND, FL 32751		U00000194257 01/25/05-80095-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TERRY, HYMAN A 250 WHITE OAK CIRCLE MAITLAND, FL 32751		
TITLE NAME STREET ADDRESS		70	NOT WOITE

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)(f). 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 path; that I am a managing member or manager of the limited flability 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 SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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