

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013324

Entity Name: RITMO DUBBING, LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

C/O 201 CRANDON BLVD., #741  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1200 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 03-0456284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131      US

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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BARZELATO, OSVALDO  
Address: 201 CRANDON BLVD., #741  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR      ( ) Delete  
Name: BARZELATO, PATRICIA MENZE D  
Address: 201 CRANDON BLVD., #741  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: OSVALDO BARZELATTO

MGR

05/01/2006

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