

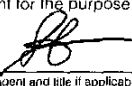
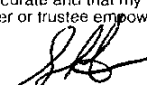


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90020 006 \*\*\*\*50.00

<b>DOCUMENT # L02000019261</b> 1. Entity Name <b>PROMOFILM MUSIC, LLC</b>					
Principal Place of Business <b>520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>				Mailing Address <b>520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>11-3662174</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01082004    Chg-LLC    CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Transglobal Corporate Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Dr. Suite 0-305</b> City <b>Miami</b> FL      Zip Code <b>33131</b>		
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  DATE <b>4/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEVIN, HERACIO</b> <b>520 BRICKELL KEY DR., STE 0-305</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b>    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GUAJARDO, ERNESTO V</b> <b>520 BRICKELL KEY DR., STE 0-305</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>GUTTMAN, DANIEL</b> <b>520 BRICKELL KEY DR., STE 0-305</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRISARRI, JOSE M</b> <b>520 BRICKELL KEY DR., STE 0-305</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FREEMAN, STEPHEN</b> <b>520 BRICKELL KEY DR., STE 0-305</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
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.					
<b>SIGNATURE:</b>  <b>Stephen Freeman</b> <b>3/24/04</b> <b>(305)374-3800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					