

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029257

FILED
Jun 01, 2004
Secretary of State

Entity Name: DIGITAL DJ LLC

Current Principal Place of Business:

777 SOUTH FEDERAL HWY., STE. N405
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

777 SOUTH FEDERAL HWY., STE. N405
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 54-2081785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, GARY MR.
777 SOUTH FEDERAL HWY., STE. N405
POMPANO BEACH, FL 33062 US

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: MGRM () Delete
Name: SMITH, GARY
Address: 777 SOUTH FEDERAL HWY., STE. N405
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM (X) Delete
Name: ROGERS, PAUL
Address: 777 SOUTH FEDERAL HWY., STE. N405
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM (X) Delete
Name: LANGSHAW, CHRISTOPHER
Address: 777 SOUTH FEDERAL HWY., STE. N405
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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

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 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: GARY SMITH

MR

06/01/2004

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