

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000402

Entity Name: BUSTER RECORDS LLC

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

737 PINELLAS BAYWAY
#307
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 55095
ST. PETERSBURG, FL 33732 US

New Mailing Address:

FEI Number: 93-1332353 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:

HARTMAN, CHRISTINE E
737 PINELLAS BAYWAY
#307
TIERRA VERDE, FL 33715 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/MEMBERS:

Title: MGRM () Delete
Name: HARTMAN, CHRISTINE E
Address: 737 PINELLAS BAYWAY, #307
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGRM () Delete
Name: COLE, LEAH H
Address: 1189 RIESLING CIRCLE
City-St-Zip: LIVERMORE, CA 94550 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COLE, LEAH H
Address: 6522 MYSTERY MOUNTAIN WAY
City-St-Zip: ROCKLIN, CA 95765 US

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: CHRISTINE E HARTMAN

MGRM

05/02/2005

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