2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/12

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90026 007 ****50.00

DOCUMENT # L03000000410

1. Entity Name
DENSON FILEZ MUSIC, LLC

Principal Place of Business	Mailing Address
9356 NW 17 AVENUE MIAMI, FL 33147	9356 NW 17 AVENUE MIAMI, FL 33147

03172004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4920 NW 182nd St.	Po Box 491146
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, fl.	City & State: Atlanta, Ga
Zip: 33055 Country: USA	Zip: 30349 Country: USA

4. FEI Number: 75-3100207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANKERSON, ROBERT JR
9356 NW 17 AVE
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: [signature] 3-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: CEO NAME: Robert Hankerson Jr. STREET ADDRESS: 7308 Peachtree Landing Cir. CITY-ST-ZIP: fairburn, Ga 30213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4-9-04 770-774-8951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #