

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90089 004 \*\*\*\*50.00

**DOCUMENT # L03000005462**

1. Entity Name  
**BRILAND MUSIC PUBLISHING, LLC**



Principal Place of Business

**C/O PETER WRIGHT**  
**1850 SE 17th St.**  
**1000 SOUTHEAST 3RD AVENUE Suite 300**  
**FORT LAUDERDALE, FL 33316**

Mailing Address

**C/O PETER WRIGHT**  
**1850 SE 17th St.**  
**1000 SOUTHEAST 3RD AVENUE Suite 300**  
**FORT LAUDERDALE, FL 33316**

**20027497**



**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**30-0241068**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WOLFE, RICHARD C**  
**ONE BISCAYNE TOWER, SUITE 2400**  
**2 SOUTH BISCAYNE BOULEVARD**  
**MIAMI, FL 33131**

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IN THIS SPACE**

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, 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**HUDSON, STEVEN W**  
**1850 SE 17th St, Suite 300**  
**FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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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:**

**Steven W. Hudson**

**3/29/05**

**934-356-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #