

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90051 030 ****50.00

DOCUMENT # L03000005693

1. Entity Name

ALL ABOUT MUSIC, LLC



Principal Place of Business

% 655 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

% 655 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701

24079305



MOORE

CR2E083 (4/04)

2. Principal Place of Business

930 Lee Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

4. FEI Number

83-0348713

Applied For

Not Applicable

Zip

Country

Zip

Country

32810

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASEHEART, DANIEL M
655 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701

Name

Daniel M. Baseheart

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

655 Sherwood Dr.

City

Altamonte Springs FL

Zip Code

32701

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/4/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE owner
NAME Daniel M. Baseheart MGRM ☐ Delete
STREET ADDRESS 655 Sherwood Dr
CITY-ST-ZIP Altamonte Springs FL 32701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

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

8/4/04 407-644-4433

Date

Daytime Phone #