2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L03000005822

Entity Name: SONEY FM, LLC

Current Principal Place of Business:

16306 DOUNE CT.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16306 DOUNE CT.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 11-3678338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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/MANAGERS:

Title: MGR ( ) Delete
Name: GOEL, RAM A
Address: 16306 DOUNE CT.
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete
Name: GOEL, SONEY R
Address: 16306 DOUNE CT.
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete
Name: GOEL, ASHA
Address: 16306 DOUNE CT.
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete
Name: GOEL, SUNITA
Address: 16306 DOUNE CT.
City-St-Zip: TAMPA, FL 33647

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAM A. GOEL MGR 04/26/2007

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