2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Aug 06, 2007 08:00 AN Secretary of State DOCUMENT # L03000014460 1. Entity Name MUSICAL MAKERS, LLC Principal Place of Business Mailing Address 3124 FLORIDA AVE. 3124 FLORIDA AVE. **MIAMI FL 33133** MIAMI FL 33133 2. Procipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt *, etc CR2E083 (4/07) 2nd MOORE City & State City & State Applied For 58-2674033 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALLER, JEFFERY Street Address (P.O. Box Number is Not Acceptable) 3124 FLORIDA AVE. MIAMI FL 33133 City 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, typod or printed name of regentred agent and rife if applicable (NOTE Registered Agent agrigative required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ☐ Addition HITLE TOTLE ☐ Delete ☐ Change U00000771423 □ Change 09/07/07-80001-023 50.00 NAME HALLER, JEFFERY NAME STREET ADDRESS 3124 FLORIDA VE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY - ST- ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP □ Delete TILE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIP ☐ Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-78 CHY-ST-ZIP TIME ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-78P CITY-ST-ZIP Delete TISE TELE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 justice empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE