
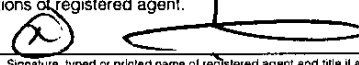



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 028 ****55.00

| | | | |
|--|---|---|---|
| DOCUMENT # L03000021030 1. Entity Name VENTURA MUSIC GROUP, LLC | |  | |
| Principal Place of Business 13644 SOUTHWEST 142ND AVE, STE D MIAMI, FL 33186 | | Mailing Address 13644 SOUTHWEST 142ND AVE, STE D MIAMI, FL 33186 | |
| 2. Principal Place of Business - No P.O. Box # 10120 SW 92 Ave | | 3. Mailing Address 10120 SW 92 Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami FL | | City & State Miami FL | |
| Zip 33176 | | Zip 33176 | |
| Country | | Country | |
| 4. FEI Number 65-0836088 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MURDOCH, ROBERT E JOHNSON, ANSELMO, MURDOCH, ET AL 790 EAST BROWARD BLVD, STE 400 FORT LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent Name Alexandro Jaen Street Address (P.O. Box Number is Not Acceptable) 10120 SW 92nd Ave City Miami FL Zip Code 33176 | |
| 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  | | DATE 7-16-07 | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CUBEROOT MUSIC PUBLISHING INC. 13644 SOUTHWEST 142ND AVE, STE D MIAMI, FL 33186 | <input checked="" type="checkbox"/> Delete Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAEN MUSIC, INC. 10521 SOUTHWEST 103RD AVE MIAMI, FL 33176 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Date 7-16-07 Daytime Phone # 305-279-2578 | |