

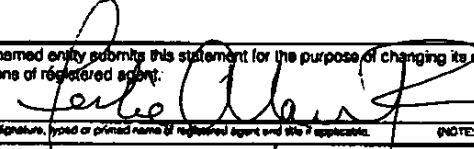
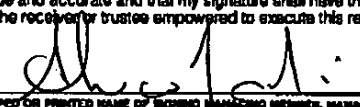
Jun. 3. 2005 4:09PM

No.8578 P. 2

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 15 AM 9:00

DOCUMENT # L03000023705					
1. Entity Name HISTERIA MUSIC GROUP, LLC					
Principal Place of Business 3001 S.W. 28TH LANE, SUITE 3 COCONUT GROVE, FL 33133			Mailing Address 3001 S.W. 28TH LANE, SUITE 3 COCONUT GROVE, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2875932	
				Applied For Not Applicable	
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	
RODRIGUEZ, ALVARO 7915 S.W. 86 STREET, APT. 723 MIAMI, FL 33143				Name ROZENCWAG E FERNANDO - CARL	
				Street Address (P.O. Box Number is Not Acceptable) 301 WEST HAUANDANE BEACH BLVD	
				City HAUANDANE BEACH	
				FL Zip Code 33009	
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 _____					
(NOTE: Registered Agent Signature required when releasing)					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, ALVARO 11067 NW 72ND TERRACE MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300056637913 06/29/05--01012--006 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJO, FERNANDO 6301 COLLINS AVENUE, APT. 2307 MIAMI BEACH, FL 33141 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, MAGDALENA 8781 N.W. 112 AVE DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  6/6/05 (305)460-4061					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					