

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90058 010 ****50.00

DOCUMENT # L03000028263

1. Entity Name
NINTH HOUR RECORDS, LLC



Principal Place of Business
**3400 MICHIGAN STREET
LAKE MARY, FL 32746**

Mailing Address
**3400 MICHIGAN STREET
LAKE MARY, FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

XX Not Applicable

Zip

Country

Zip

Country

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

**FREY, JULIA L
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

Name

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

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** **PICERNE, GWYN** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**3400 Michigan Street
Lake Mary, Florida 32746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Gwyn Picerne President
Gwyn Picerne, Managing Member and President

Date

Daytime Phone #

407-529-6610