2004 LIMITED LIABILITY COMPANY

FILED Feb 11, 2004 8:00 am Secretary of State

DOCUI 1. Entity Name N MUSIC,		380				01-28-200	90021 0	36 ***	*50.00
Principal Place of Business Mailing Address 1408 WEST LAKE DR. 1408 WEST LAKE DR.				t	34000304				
2. Principal Pl	ace of Business DELLASO DELVE	Suite, Apt. #, etc.		DRIVE					
	·	· · · · · · · · · · · · · · · · · · ·			01122004	Chg-LLC	CR2E083	,	
City & State FORTLANDQUALE FLA FORTLANDQUAGO				FLA 1. FEI Number 20 - 070 11 17 Applie				plied For Applicable	
Zip 33	316 BrowALD	333.16	Country	WAYO	5. Certificate	of Status Desired		.00 Add Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
NUNEZ, MIKE 1408 WEST LAKE DR				Street Address (P.O. Box Number is Not Acceptable)					
	T LAKE DR. IDERDALE, FL=33316		_ =	25376	EL LA	SO DEC	ÚE		·
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			9	#OT LA	NDOZOA	ve.	FL	Zip Cod	4/6
	named entity submits this statement for tons of registered agent		registered o		ed agent, or bot			nillar with,	and accept
FL	ling Fee is \$50.00 ne by May 1, 2004	(AU)	C: regulation A)	am agrante recureo	When remakacing)		e check pays		•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNEZ, MIKE 1408 WEST LAKE DR. FORT LAUDERDALE, FL 33316	Delete	NAME STREET A CITY-ST-) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT ENUDERINALE, FE 33310	☐ Defets	TITLE NAME STREET A	DORESS			C	Change	Addition
TTLE .		☐ Delete	TITLE	 -				Change	Addition

Delete Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition MILE TITLE NAME NVME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

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:

STREET ADDRESS

CITY ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

January 29, 2004

N MUSIC, L.L.C. 2531 DELLAGO DR. FORT LAUDERDALE, FL 33316

Subject: N MUSIC, L.L.C.

Reference Number:

L03000033380

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

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