


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-28-2004 90021 036 \*\*\*\*50.00

<b>DOCUMENT # L03000033380</b>	
1. Entity Name <b>N MUSIC, L.L.C.</b>	

Principal Place of Business <b>1408 WEST LAKE DR. FORT LAUDERDALE, FL 33316</b>	Mailing Address <b>1408 WEST LAKE DR. FORT LAUDERDALE, FL 33316</b>
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34000306

2. Principal Place of Business <b>2531 DELLAGO DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2531 DEL LAGO DRIVE</b> Suite, Apt. #, etc.
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01122004 Chg-LLC CR2E083 (10/03)

City & State <b>FORT LAUDERDALE FLA</b>	City & State <b>FORT LAUDERDALE FLA</b>
Zip <b>33316</b>	Zip <b>33316</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

4. FEI Number <b>20-0701117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>NUNEZ, MIKE 1408 WEST LAKE DR. FORT LAUDERDALE, FL 33316</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2531 DEL LAGO DRIVE</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33316</b>	
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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 <b>1/26/04</b>

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NUNEZ, MIKE 1408 WEST LAKE DR. FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE <b>1/26/04</b> DAYTIME PHONE # <b>305-7987508</b>
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Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314