01/10/2006 10:33 NO. 552 P02

Amended 2005 AR

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 Dec 31 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000033380

1. Entity Name
N MUSIC, L.L.C.

Principal Place of Business	Mailing Address
2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316	2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316

2. Principal Place of Business	3. Mailing Address
12445 Keystone Island Drive Suite, Apt. #, etc.	12445 Keystone Island Drive Suite, Apt. #, etc.
City & State: North Miami, FL	City & State: North Miami, FL
Zip: 33181 Country:	Zip: 33181 Country:

06082005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0701117 ☐ 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
NUNEZ, MIKE 2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316	Name: Brian Nunez Street Address (P.O. Box Number is Not Acceptable): 12445 Keystone Island Drive City: North Miami FL Zip Code: 33181

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] 9/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NUNEZ, MIKE 2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Brian Nunez 12445 Keystone Island Drive North Miami, FL 33181	☐ 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	9/23/05 01056 001 50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MP 1/10/06	☐ 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: [signature] 9/20/05 954-728-9648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / DATE / Daytime Phone #