

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035144

FILED
Apr 29, 2004
Secretary of State

Entity Name: ARPEGGIO PRODUCTIONS, LLC

Current Principal Place of Business:

4991 CARDIFF COURT
MAYS LANDING, NJ 08330 US

New Principal Place of Business:

Current Mailing Address:

4991 CARDIFF COURT
MAYS LANDING, NJ 08330 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNON, HANS ESQ.
MORGAN, COLLING & GILBERT
20 NORTH ORANGE AVENUE, 10TH FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DILORENZO, JOSEPH
Address: 4991 CARDIFF COURT
City-St-Zip: MAYS LANDING, NJ 08330 US

Title: MGRM () Delete
Name: DILORENZO, SHAN
Address: 4991 CARDIFF COURT
City-St-Zip: MAYS LANDING, NJ 08330 US

Title: MGRM () Delete
Name: KENNON, HANS ESQ.
Address: 20 NORTH ORANGE AVENUE 10TH FLOOR
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH DILORENZO MGRM 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date