

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040064

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: REMIX LABS LLC

**Current Principal Place of Business:**

3360 10TH AVE SE  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

3360 10TH AVE SE  
NAPLES, FL 34117 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

BAKER, BENJAMIN L  
3360 10TH AVE SE  
NAPLES, FL 34117 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: BAKER, BENJAMIN L  
Address: 3360 10TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: MGRM ( ) Delete  
Name: BAKER, CRAIG A  
Address: 839 N. WOODSTOCK ST.  
City-St-Zip: PHILADELPHIA, PA 19130 US

**ADDITIONS/CHANGES:**

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: BENJAMIN L. BAKER MGRM 04/30/2004

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