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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 16, 2004

D. JOHNSON 2700 MICHIGAN AVE. KISSIMMEE, FL 34744

SUBJECT: VENOM SOUND ENTERTAINMENT LLC

Ref. Number: L04000000626

We have received your document for VENOM SOUND ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Limited Partnership. You may change the Mailing/Principal address and the addresses of the Mangers or Managing Members in a letter, no form or fee is required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 104A00017524

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

•
Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: VENON SOUND CUTER TAIL ME
2. The mailing address of the limited liability company is: 2700 M(MIGAD) Aller
4151 Miller, F1, 38, 744
3. Date of filing/registration in Florida 4. Document number
• • • • • • • • • • • • • • • • • • • •
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Alvi
6. The name and address of the new registered agent and/or office.
1) ALWIN O. JOHNSON 3 3 =
Plorida street address (P.O. Box NOT acceptable)
Vissimmer 2VOVVI 200
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative at a member) (Printed or typed name of signee)
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all slapules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00