

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90024 028 \*\*\*\*55.00

DOCUMENT # **L04000003430**

1. Entity Name

**Forte Music Design, LLC**

**DO NOT WRITE IN THIS SPACE**

**20035623**

2. Principal Place of Business

**1105 Tapestry Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**1105 Tapestry Dr.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Celebration, FL**

City & State

**Celebration, FL**

4. FEI Number

**02-0715387**

Applied For

Not Applicable

Zip

**34747**

Country

**USA**

Zip

**34747**

Country

**USA**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Michael Maurice**

Street Address (P.O. Box Number is Not Acceptable)

**1105 Tapestry Dr.**

City

**Celebration**

**FL**

Zip Code

**34747**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

**Michael Maurice**

Signature, typed or printed name of registered agent and title if applicable.

**4-22-06**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Agent/manager  
Michael Maurice  
1105 Tapestry Dr.  
Celebration, FL 34747**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Michael Maurice**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-22-06**

Date

**407-415-4262**

Daytime Phone #

CR2E083B (12/01)