


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90191 003 ****50.00

DOCUMENT # L04000010119	
1. Entity Name AFRACAN BEAT PRODUCTIONS, LLC	

Principal Place of Business 8941 N.W. 78TH STREET, SUITE #246 TAMARAC, FL 33321	Mailing Address 8941 N.W. 78TH STREET, SUITE #246 TAMARAC, FL 33321
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2. Principal Place of Business 8941 NW 78th Street Suite, Apt. #, etc. 246 City & State Tamarac Zip 33321 Country USA	3. Mailing Address 8941 NW 78th Street Suite, Apt. #, etc. 246 City & State Tamarac Zip 33321 Country USA
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02082005	Chg-LLC
CR2E083 (10/03)	
4. FEI Number 80-0097315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fec Required

6. Name and Address of Current Registered Agent FERGUSON, TOURE O 8941 N.W. 78TH STREET, SUITE #246 TAMARAC, FL 33321	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 J. Ferguson (NOTE: Registered Agent signature required when reinstating) DATE February 8, 2005

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, TOURE O 8941 N.W. 78TH STREET, SUITE #246 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, KAREEM NKURMAH 8941 N.W. 78TH STREET, SUITE #246 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michelle McDonald 8941 NW 78th apt #246 Tamarac FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Artistic Director Gervon Cassells 8941 NW 78th St APT #246 Tamarac FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: J. Ferguson February 8, 2005 954-721-6811

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