

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025771

Entity Name: Q MUSIC USA, LLC

FILED  
Jul 17, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 60474  
FT MYERS, FL 33906

**New Principal Place of Business:**

583 PONDELLA RD. UNIT H  
N. FT MYERS, FL 33903

**Current Mailing Address:**

P.O. BOX 60474  
FT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 20-0961245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WALASKAY, JASON  
998 E. COWBOY WAY  
LABELLE, FL 33935      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/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            KOX, FRANS  
Address:        8241 SAN MARCOS  
City-St-Zip:    FT MYERS, FL 33919

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:            MGRM        (X) Change ( ) Addition  
Name:            KOX, FRANS  
Address:        P.O. BOX 60474  
City-St-Zip:    FT MYERS, FL 33906

Title:            MGR            ( ) Change (X) Addition  
Name:            WALASKAY, JASON  
Address:        P.O. BOX 60474  
City-St-Zip:    FT. MYERS, FL 33906

Title:            MGR            ( ) Change (X) Addition  
Name:            SWANN, JIM  
Address:        P.O. BOX 60474  
City-St-Zip:    FT. MYERS, FL 33906

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANS KOX

MGR

07/17/2007

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