

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043401					
1. Entity Name UP FRONT MUSIC GROUP LLC					
Principal Place of Business 7605 COLLINS AVE. MIAMI BEACH, FL 33141 US			Mailing Address C/O 22R 1100 3RD STREET SAN RAFAEL, CA 94901 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04262006 Chg-LLC CR2ED83 (11/05)	
4. FEI Number 20-1255539				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOLFE, RICHARD C ESQ. C/O WOLFE & GOLDSTEIN, P.A. 550 BRICKELL AVE., PENTHOUSE SUITE MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, RUDY 7605 COLLINS AVE. MIAMI BEACH, FL 33141	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000547452 05/12/06-80025-015 \$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ELIZABETH 7605 COLLINS AVE. MIAMI BEACH, FL 33141	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Day Daytime Phone #	