

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066138

FILED
Sep 04, 2007
Secretary of State

Entity Name: OFT BEATS RECORDS, LLC

Current Principal Place of Business:

319 E CHURCH STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

10973 RIVER FALLS DRIVE
JACKSONVILLE, FL 32219

Current Mailing Address:

P O BOX 37326
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 20-1616564 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:

Name and Address of New Registered Agent:

NURSE, MARCIA D
10973 RIVER FALLS DRIVE
JACKSONVILLE, FL 32219 US

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: PRE () Delete
Name: NURSE, MARCIA
Address: 10973 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: MGR () Delete
Name: NURSE, CHRISTOPHER
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NURSE, CHRISTOPHER
Address: 10973 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219 US

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: MARCIA NURSE

PRE

09/04/2007

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