

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078537

Entity Name: NONSENSE RECORDS, LLC

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

225 N. MAGNOLIA
ORLANDO, FL 32801

New Principal Place of Business:

2517 E. WASHINGTON ST.
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 945
ORLANDO, FL 32802

New Mailing Address:

2517 E. WASHINGTON ST.
ORLANDO, FL 32803

FEI Number: 14-1918252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DO, HAO X
2724 E. JEFFERSON ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

SHOCKLEY, ROBERT K
2517 E. WASHINGTON ST.
ORLANDO, FL 32803 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: ROBERT K. SHOCKLEY

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DO, HAO X
Address: 2724 E. JEFFERSON ST.
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Delete
Name: SHOCKLEY, ROBERT K
Address: 2517 E. WASHINGTON ST.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHOCKLEY, ROBERT K
Address: 2517 E. WASHINGTON ST.
City-St-Zip: ORLANDO, FL 32803

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT K. SHOCKLEY

MGRM

04/19/2006

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