


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90051 011 ****55.00

DOCUMENT # L05000000235		
1. Entity Name HIT MAKERS MUSIC LLC		

Principal Place of Business P.O. BOX 840013 PEMBROKE PINES, FL 33084 US	Mailing Address P.O. BOX 840013 PEMBROKE PINES, FL 33084 US
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40102790

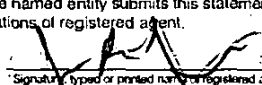


2. Principal Place of Business 1200 NORTH EAST	3. Mailing Address 1200 NORTH EAST
Suite, Apt. #, etc. 41ST PLACE	Suite, Apt. #, etc. 41ST PLACE
City & State Homestead Florida	City & State Homestead Florida
Zip 33033	Country U.S.A.

08032006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent FABRIKANT, KEVIN H ESQ. 12000 BISCAYNE BLVD. 609 NORTH MIAMI BEACH, FL 33181	
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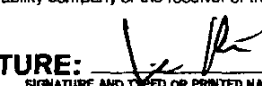
7. Name and Address of New Registered Agent	
Name Jesus Roman	
Street Address (P.O. Box Number is Not Acceptable) 1200 North	
EAST 41ST PLACE	
City Homestead	FL Zip Code 33033

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:  Jesus Roman	DATE: August 28, 2006

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMENEZ, JESUS R F-10 CALLE 2 FAJARDO, PR 00738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jesus Roman MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 North East 41st Place Homestead Florida 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUSINO, EDGAR G 8428 MIRAMAR PARKWAY MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Fernandez-MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition F-10-CALLE 2 SANTA ISIDRA 3 - Fajardo PR 00738
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
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 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:  Jesus Roman	DATE: August 28, 2006