

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000975

FILED
Apr 04, 2006
Secretary of State

Entity Name: RONINMUSIC PRODUCTIONS, LLC

Current Principal Place of Business:

P.O. BOX 48226
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48226
TAMPA, FL 33647

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTL, KEVIN D ESQ
LAW OFFICES OF KEVIN D. ASTL, P.A.
2124 WEST KENNEDY BLVD., SUITE A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HUGHES, JOHN II
1217 BIG CREEK DRIVE
WESLEY CHAPEL, FL 33543 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: JOHN HUGHES

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUGHES, JOHN O II
Address: P.O. BOX 48226
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: HUGHES, MATT S
Address: P.O. BOX 48226
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: ASTL, KEVIN D
Address: P.O. BOX 48226
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

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

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: JOHN HUGHES

MGRM

04/04/2006

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