

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000975

FILED  
Apr 30, 2007  
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:

10335 CROSS CREEK BLVD.  
20  
TAMPA, FL 33647

## 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:

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

## Name and Address of New Registered Agent:

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: 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 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

04/30/2007

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