

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90119 028 ***143.75

DOCUMENT # L05000005602					
1. Entity Name KNOCK MUSIC L.L.C.					
Principal Place of Business 555 NE 15TH STREET, SUITE 7719 MIAMI, FL 33132			Mailing Address C/O L. ALEXANDER CPA 2 STOWE ROAD #2 PEEKSKILL, NY 10566		
2. Principal Place of Business - No P.O. Box # 8390 SW 94th St		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami FL		City & State City & State		4. FEI Number 74-3138089	
Zip 33156		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS, SALAAM REMI 555 NE 15TH STREET, SUITE 7719 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name: Salaam Remi Gibbs Street Address (P.O. Box Number is Not Acceptable): 8390 SW 94th St City: Miami FL Zip Code: 33156		
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: <u>Salaam Remi Gibbs</u> DATE: <u>1/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBBS, SALAAM REMI 555 NE 15TH STREET, SUITE 7719 MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Salaam Remi Gibbs 8390 SW 94th St Miami FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>S. Alexander</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>1/20/08</u> Daytime Phone #: <u>914 788-9128</u>		