
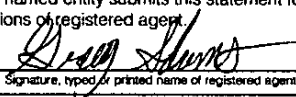
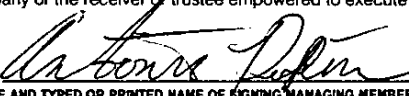


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90045 011 ****50.00

DOCUMENT # L05000017388 1. Entity Name AMPLIFIED SOUNDS ENTERTAINMENT L.L.C.					
Principal Place of Business 3388 NW 50TH STREET MIAMI, FL 33142			Mailing Address 3388 NW 50TH STREET MIAMI, FL 33142		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 043809522	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, KAVIN 3388 NW 50TH STREET MIAMI, FL 33142			7. Name and Address of New Registered Agent -- Name Greg Adams Street Address (P.O. Box Number is Not Acceptable) 17856 S.W. 114 Ave. City Miami FL Zip Code 33157		
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  8/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM PERKINS, ANTONIO 1181 NW 58TH TERR MIAMI, FL 33127 <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	MGRM HOPKINS, KAVIN 3388 NW 50TH STREET MIAMI, FL 33142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			8/17/06 305 757-0926 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

40106000



08172006 Chg-LLC CR2E083 (11/05)

4. FEI Number **043809522** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent --

HOPKINS, KAVIN
3388 NW 50TH STREET
MIAMI, FL 33142

Name **Greg Adams**
Street Address (P.O. Box Number is Not Acceptable)

17856 S.W. 114 Ave.
City **Miami** **FL** Zip Code **33157**

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8/16/06
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**Make check payable to
Florida Department of State**

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10. ADDITIONS/CHANGES

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MIAMI, FL 33127 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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3388 NW 50TH STREET
MIAMI, FL 33142 ☐ Delete

TITLE
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/17/06 305 757-0926
Date Daytime Phone #