


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90008 018 ****50.00

DOCUMENT # L05000024142	
1. Entity Name M2K MUSIC & MEDIA, LLC	

Principal Place of Business C/O PAUL TARNOPOL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133	Mailing Address C/O PAUL TARNOPOL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133
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2. Principal Place of Business	3. Mailing Address C/O MINTZ ROSENFELD ELITE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 450 7TH AVE. #1701
City & State	City & State NEW YORK, NY
Zip	Zip 10123-1701
Country	Country USA



03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2584520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TARNOPOL, PAUL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARNAPOL, PAUL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

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

4/20/06

Date

Daytime Phone #