2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

FILED Feb 09, 2007 08:00 All Secretary of State DOCUMENT # L05000047360 1. Entity Name SONG AND DANCE, LLC Principal Place of Business Mailing Address 848 BRICKELL AVENUE, SUITE 1020 848 BRICKELL AVENUE, SUITE 1020 **MIAMI FL 33131 MIAMI FL 33131** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 75-3191343 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UTSET-WARD, LUISA Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE, SUITE 1020 MIAMI FL. 33131 City Zip Code 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. ! am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) *.FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MILE Delete MGR IIIIF ☐ Change ☐ Addition NAME NAME WARD, THOMAS 11000000630470 STREET, FADDRESS STREET ADDRESS 848 BRICKELL AVENUE, SUITE 1020 02/20/07-80008-011 50.00 CHY-ST-7IP CITY-ST-7IP MIAMI FL 33131 ☐ Delete HILE MGR THE ☐ Change ■ Addition NAME NAME UTSET-WARD, LUISA STREET ADDRESS STREET ADDRESS 848 BRICKELL AVENUE, SUITE 1020 CITY - ST- ZIP CHY-ST-ZIP MIAMI FL 33131 me Delete IIIŒ Change ☐ Addition MGR NAME NAME UTSET, LUISA M STREET ADDRESS STREET ADDRESS 848 BRICKELL AVENUE, SUITE 1020 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 THTLE ☐ Delete TITLE ☐ Change ☐ Addition MGR UTSET, MANUEL NAME STREET ADDRESS STREET ADDRESS 848 BRICKELL AVENUE, SUITE 1020 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IF TITE F ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE Change ☐ Addition ☐ Delete HILE NAME NAME STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE