



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90135 043 \*\*\*142.75

<b>DOCUMENT # L05000056049</b> 1. Entity Name <b>BOOMTUNES, LLC</b>					
Principal Place of Business <b>555 NE 15TH ST, # 7719 MIAMI, FL 33132</b>			Mailing Address <b>C/O L. ALEXANDER, CPA 2 STONE RD STE 2 PEEKSKILL, NY 10566</b>		
2. Principal Place of Business - No P.O. Box # <b>8390 SW 94th St</b>		3. Mailing Address <b>c/o L. Alexander CPA</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>2 Stone Rd Ste 2</b>			
City & State <b>Miami FL</b>		City & State <b>Peekskill NY</b>			
Zip <b>33154</b>		Country		01202008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-3024367</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIBBS, SALAAM R 555 N.E. 15TH STREET, SUITE 7719 MIAMI, FL 33132</b>		7. Name and Address of New Registered Agent Name <b>Salaam R Gibbs</b> Street Address (P.O. Box Number is Not Acceptable) <b>8390 SW 94th Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33154</b>			
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 <b>Salaam R Gibbs</b> DATE <b>1/20/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GIBBS, SALAAM R 8390 94TH STREET MIAMI, FL 33156</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>Salaam R Gibbs</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>1/20/08</b> Daytime Phone # <b>914-788-9128</b>		