

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90150 023 ***138.75

DOCUMENT # L05000071510	
1. Entity Name MANDY MOORE MUSIC, LLC	

Principal Place of Business 3196 DEER CHASE RUN LONGWOOD FL 32779	Mailing Address 3196 DEER CHASE RUN LONGWOOD FL 32779
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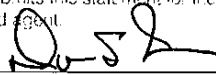


2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent MOORE, STACY 3196 DEER CHASE RUN LONGWOOD FL 32779	7. Name and Address of New Registered Agent Name DON MOORE Street Address (P.O. Box Number is Not Acceptable) 3196 DEER CHASE RUN City Longwood FL Zip Code 32779
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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  DATE **4/6/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-appointing)

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	MGR MOORE, DON 3196 DEER CHASE RUN LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, AMANDA 2183 FERN DELL PLACE LOS ANGELES CA 90068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 609, Florida Statutes.

SIGNATURE:  DATE **4/6/08** **(407) 8049070**

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