

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076916

FILED
Aug 23, 2006
Secretary of State

Entity Name: ENCORE MUSIC SERVICE LLC

Current Principal Place of Business:

980 N. FEDERAL HIGHWAY
SUITE 404
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

980 N. FEDERAL HIGHWAY
SUITE 404
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHAW, ROBIN C
980 N. FEDERAL HIGHWAY
SUITE 404
BOCA RATON, FL 33432 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DENGLE, CHRISTOPHER A
Address: 3312 EAST CANYON CREEK ROAD
City-St-Zip: GILBERT, AZ 85297 US

Title: MGR () Delete
Name: CARRAFA, MICHAEL H
Address: 2642 NE 7TH STREET
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CARRAFA, MICHAEL H
Address: 1207 EAST ALLEN STREET
City-St-Zip: TOMBSTONE, AZ 85638 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL H CARRAFA

MGR

08/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date