2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L05000085030

Entity Name: IMAGINATION FACTORY MUSIC LLC

Current Principal Place of Business:

16065 EMERALD COVE ROAD
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268231
WESTON, FL 333268231 US

New Mailing Address:

FEI Number: 01-0846309 **FEI Number Applied For ( )** **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:

MESA, OMAR
16065 EMERALD COVE RD.
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: MESA, DEBRA
Address: 16065 EMERALD COVE RD.
City-St-Zip: WESTON, FL 33331 US

Title: MGR ( ) Delete
Name: BERNER, MARC
Address: 11000 S.W. 91ST STREET
City-St-Zip: KENDALL, FL 33176

Title: MGR ( ) Delete
Name: MESA, OMAR
Address: 16065 EMERALD COVE RD.
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARC BERNER MGR 05/05/2008

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