

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90180 026 ****55.00

DOCUMENT # L05000090073

1. Entity Name
XTASIS MUSIC LLC



Principal Place of Business
455 NE 25 ST. SUITE 803
MIAMI, FL 33137 US

Mailing Address
455 NE 25 ST. SUITE 803
MIAMI, FL 33137 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3465376

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE CAROLIS, MARIA P
3210 COACOOCHIEE STREET
COCONUT GROVE, FL 33133

Name ROJO, FERNANDO

Street Address (P.O. Box Number is Not Acceptable)

455 NE 25 Street # 803

City MIAMI

FL

Zip Code 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/21/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS ROJO, FERNANDO
CITY-ST-ZIP 444 NE 30 STREET UNIT 907
MIAMI, FL 33137 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS ROJO, FERNANDO
CITY-ST-ZIP 455 NE, 25 Street Unit 803
MIAMI, FL 33137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME MGR
STREET ADDRESS ROJO, LUIS EUSTASIO
CITY-ST-ZIP 455 NE, 25 Street Unit 803
MIAMI, FL 33137 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 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:

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

Date

Daytime Phone #

03/27/06 305-573-7335