
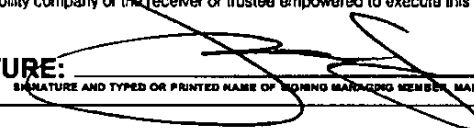


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90052 001 \*\*\*\*50.00

<b>DOCUMENT # L05000096584</b>			
1. Entity Name <b>DI-MON CUT RECORDING LABEL, LLC</b>			
Principal Place of Business <b>4700 SHERIDAN ST BLDG N HOLLYWOOD, FL 33021 US</b>		Mailing Address <b>4700 SHERIDAN ST BLDG N HOLLYWOOD, FL 33021 US</b>	
2. Principal Place of Business <b>4000 Hollywood Blvd Suite, Apt. #, etc. # 215</b>		3. Mailing Address <b>Same as principal place of business</b>	
City & State <b>Hollywood FL</b>		City & State <b>Same as principal place of business</b>	
Zip <b>33021</b>	Country <b>USA</b>	Zip <b>Same as principal place of business</b>	Country <b>Same as principal place of business</b>
6. Name and Address of Current Registered Agent <b>ROSENBERG, JACK 4700 SHERIDAN ST BLDG N HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name <b>(Same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>4000 Hollywood Blvd # 215</b> City <b>(Same)</b> FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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 STREET ADDRESS CITY - ST - ZIP	MGRM SINCLAIR, DOSSELL 4700 SHERIDAN ST - BLDG N HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>&gt; Same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4000 Hollywood Blvd - Suite 215 Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: 		Date <b>4/27/06</b> Daytime Phone # <b>305-652-4255</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>JACK N. ROSENBERG CPA</b> <b>(as registered agent)</b>			



ATTACHMENT  
30009584

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2006

DI-MON CUT RECORDING LABEL, LLC  
4000 HOLLYWOOD BLVD  
STE 215  
HOLLYWOOD, FL 33021 US

Subject: DI-MON CUT RECORDING LABEL, LLC

Reference Number: L05000096584

FEI # HAS BEEN  
ENTERED IN BOX  
4. PLEASE SEE  
ATTACHED

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

MAIL TO:



If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION