

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-01-2006 90053 025 \*\*\*\*50.00

<b>DOCUMENT # L05000096588</b> 1. Entity Name <b>DI-MON CUT MUSIC, LLC</b>		
Principal Place of Business <del>4700 SHERIDAN ST</del> <del>BLDG N</del> <b>HOLLYWOOD, FL 33021</b> US		Mailing Address <del>4700 SHERIDAN ST</del> <del>BLDG N</del> <b>HOLLYWOOD, FL 33021</b> US
2. Principal Place of Business <b>4000 Hollywood Blvd</b> Suite, Apt. #, etc. <b>Suite 215</b>	3. Mailing Address Suite, Apt. #, etc. <b>Same place</b> City & State <b>Hollywood FL</b> Zip <b>33021</b> Country <b>USA</b>	
4. FEI Number <b>20-3777731</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ROSENBERG, JACK</b> <del>4700 SHERIDAN ST</del> <del>BLDG N</del> <b>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 resigning) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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> <b>4000 Hollywood Blvd - Suite 215</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

30009583



04272006 Chg-LLC CR2E083 (11/05)

address only

(Same)  
4000 Hollywood Blvd - Suite 215  
Hollywood, FL 33021

JACK N. ROSENBERG CPA  
(as Reg agent)

4/27/06 305-652-4255



ATTACHMENT A

30009583

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2006

DI-MON CUT MUSIC, LLC  
4000 HOLLYWOOD BLVD  
SUITE 215  
HOLLYWOOD, FL 33021 US

Subject: DI-MON CUT MUSIC, LLC

Reference Number: L05000096588

FEI# HAS BEEN  
Entered in Box 4

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 :  
TB :

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

/cd

ANNUAL REPORTS SECTION