

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000097917

1. Entity Name
BIG MUSIC ENTERTAINMENT LLC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:16

Principal Place of Business
1870 N.W 21ST TERRACE
MIAMI, FL 33142

Mailing Address
1160 N.W 29TH TERRACE
MIAMI, FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

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

ROSARIO, ADELA
1160 N.W 29TH
MIAMI, FL 33127

Name

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

City

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

[Signature]

12/06/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ARANA, GIOVANNI
225 N.W 34TH TERRACE
MIAMI, FL 33127

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Rosario Adela
1160 N.W 29th terrace
Miami, FL 33127

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROSARIO, DANIEL
1160 N.W 29TH TERRACE
MIAMI, FL 33127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300082458103
12/12/06--01014--006 **\$5.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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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]

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

12/6/06

Date

Daytime Phone #

786-2103057