## FILED Mar 12, 2007 8:00 am Secretary of State

ANNUAL REPORT								

DOCUMENT # L0600004394  1. Entity Name EUPHONY ENTERTAINMENT GROUP, LLC						03-12-2007 9	<del>-</del>	***50.00	
Principal Place P.O. BOX 144 CORAL GABLE		P.O. BOX 144161				11 CENTE BATH BEAU BEAU SERVI		(8//) B4228  A1  B21	
	lace of Business - No P.O. Box # Northwest 6 CT #, etc.	3. Mailing Address  Suite, Apt. #, etc.			02262007	Chg-LLC	CR2E083 (12		
City & State		City & State			4. FEI Numb			Applied For	
<u>Miaπ</u>	ni, Florida Country	Zip Country				42-1718041   Not Applicable   Status Position   \$5.00 Additional			
3315	6. Name and Address of Current R	Deplete and Assert			5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent			equired	
	o. Name and Address of Current N	edistered When		Name			Arzesen Whate		
15025 N.W SUITE 116	A GASPARD, PLLC ATTORNEY /. 77TH AVE : KES, FL 33014	Street Address			ess (P.O. Box Numb	nata Thomas ss (P.O. Box Number is Not Acceptable) 15 NW 6 CT			
WIIAWII DAN	(LO, 1 L 00014		_ (	City			<b>E</b> I Zi	R-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. Lam familiar with, and accept the obligations of registered agent.									
SIGNATURE	Renata Thomas Signature, typed or printed name of registered agent an	d title if applicable, (NOTE: R	egistered Ag	gent signature re	equired when reinstating)	March	7 200 DAFE	27	
Filing Fee Is \$50.00 Due by May 1, 2007						20000000	check payabl Department of	2 (2000) 12 (10) 100 (20) 1 (10)	
9,	MANAGING MEMBER		10.			ADDITIONS/C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORANCIE, JULIEN M P.O. BOX 144161 CORAL GABLES, FL 331144161	L_I Delete	TITLE NAME STREET A CITY-ST-	ADDRESS M		Julien M CT Miami,			
TITLE	MGRM	☐ Delete	TITLE		IGRM		- <del>J</del> y <sup>©</sup>	hange	
NAME STREET ADDRESS CITY-ST-ZIP	PAŽ, CARLOS D P.O. BOX 144161 CORAL GABLES, FL 331144161		NAME STREET A CITY-ST-	ADDRESS F	az, Carl	os D CT Miami,	FL 3315	50	
TITLE NAME STREET ADDRESS	MGRM THOMAS, RENATA P.O. BOX 144161	☐ Delete	TITLE NAME STREET A	n	MGRM Thomas, Renata			hange Addition	
CITY-ST-ZIP	P.O. BOX 144161 CORAL GABLES, FL 331144161		CITY-ST-	-	7615 Northwest 6 CT Miami, FL 33				
TITLE	MGRM	☐ Defete	TITLE	M	1GRM		□ <b>X</b> °	hange	
NAME STREET ADDRESS CITY-ST-ZIP	NEWTON, ANDY P.O. BOX 144161 CORAL GABLES, FL 331144161		NAME STREET A CITY-ST	ADDRESS   -	Newton, A 7615 NW 6	andy 5 CT Miami	, FL 33	3150	
TITLE	MGRM	☐ Delete	TITLE		1GRM		<u>·</u> √∑ 0	hange Addition	
NAME Street address	THOMAS, GIHAN P.O. BOX 144161		NAME STREET A	-	Thomas, G	Sihan	Λ		
CITY-ST-ZIP	CORAL GABLES, FL 331144161		CITY-ST			CT Miami	, FL 33	3150	
TITLE		☐ Delete	TITLE					hange Addition	
NAME Street address			NAME STREET A	ADDRESS					
CITY+ST+ZIP		( ) ( )	CITY-ST	,					
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:  Renata Thomas March 7, 2007  SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysene Phone I									