

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-12-2007 90481 043 ****50.00

DOCUMENT # L06000004394					
1. Entity Name EUPHONY ENTERTAINMENT GROUP, LLC					
Principal Place of Business P.O. BOX 144161 CORAL GABLES, FL 33114-4161			Mailing Address P.O. BOX 144161 CORAL GABLES, FL 33114-4161		
2. Principal Place of Business - No P.O. Box # 7615 Northwest 6 CT		3. Mailing Address _____ Suite, Apt. #, etc. _____			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State Miami, Florida		City & State _____		4. FEI Number 42-1718041	
Zip 33150		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNNY A GASPARD, PLLC ATTORNEY AT LAW 15025 N.W. 77TH AVE SUITE 116 MIAMI LAKES, FL 33014				7. Name and Address of New Registered Agent Name: <u>Renata Thomas</u> Street Address (P.O. Box Number is Not Acceptable): <u>7615 NW 6 CT</u> City: <u>Miami</u> <u>FL</u> <u>33150</u>	
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 <u>Renata Thomas</u> March 7, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MORANCIE, JULIEN M STREET ADDRESS P.O. BOX 144161 CITY-ST-ZIP CORAL GABLES, FL 331144161	<input type="checkbox"/> Delete		TITLE MGRM NAME Morancie, Julien M STREET ADDRESS 7615 NW 6CT Miami, FL 33150 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PAZ, CARLOS D STREET ADDRESS P.O. BOX 144161 CITY-ST-ZIP CORAL GABLES, FL 331144161	<input type="checkbox"/> Delete		TITLE MGRM NAME Paz, Carlos D STREET ADDRESS 7615 NW 6CT Miami, FL 33150 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME THOMAS, RENATA STREET ADDRESS P.O. BOX 144161 CITY-ST-ZIP CORAL GABLES, FL 331144161	<input type="checkbox"/> Delete		TITLE MGRM NAME Thomas, Renata STREET ADDRESS 7615 Northwest 6 CT Miami, FL 33150 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME NEWTON, ANDY STREET ADDRESS P.O. BOX 144161 CITY-ST-ZIP CORAL GABLES, FL 331144161	<input type="checkbox"/> Delete		TITLE MGRM NAME Newton, Andy STREET ADDRESS 7615 NW 6 CT Miami, FL 33150 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME THOMAS, GIHAN STREET ADDRESS P.O. BOX 144161 CITY-ST-ZIP CORAL GABLES, FL 331144161	<input type="checkbox"/> Delete		TITLE MGRM NAME Thomas, Gihan STREET ADDRESS 7615 NW 6 CT Miami, FL 33150 CITY-ST-ZIP	<input checked="" 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	
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 <u>Renata Thomas</u> March 7, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					