


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000007089	
1. Entity Name GOWITUS RECORDS LLC	

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP -7 PM 1:14

Principal Place of Business 736 W. VIRGINIA STREET #4 TALLAHASSEE, FL 32304	Mailing Address 736 W. VIRGINIA STREET #4 TALLAHASSEE, FL 32304
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2. Principal Place of Business - No P.O. Box # 736 W. Virginia St.	3. Mailing Address 736 W. Virginia St.
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4

08142007 Chg-LLC CR2E083 (12/06)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32304	Zip 32304
Country U.S.A.	Country U.S.A.

4. FEI Number 20-4154900	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
RAY, MICHAEL FRIZEL 736 W. VIRGINIA STREET #4 TALLAHASSEE, FL 32304	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY, MICHAEL FRIZEL 736 W. VIRGINIA STREET #4 TALLAHASSEE, FL 32304 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200109204278 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/07/07--01023--008 **50.00
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
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: 9/7/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	