


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90362 017 \*\*\*\*50.00

<b>DOCUMENT #</b> L06000033922	
<b>1. Entity Name--</b> FIREKID RECORDS, LLC	

<b>Principal Place of Business</b> 1900 COLONIAL DRIVE CORAL SPRINGS, FL 33071	<b>Mailing Address</b> 1900 COLONIAL DRIVE CORAL SPRINGS, FL 33071
--	--

<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04302007 Chg-LLC	GR2E083 (12/06)
<b>4. FEI Number</b> 59-3838020	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> KOUSSEVITZKY, ANDREW 1900 COLONIAL DRIVE CORAL SPRINGS, FL 33071
--

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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: \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOUSSEVITZKY, ANDREW		NAME:	
STREET ADDRESS: 1900 COLONIAL DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: CORAL SPRINGS, FL 33071		CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOUSSEVITZKY, JACK		NAME:	
STREET ADDRESS: 1900 COLONIAL DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: CORAL SPRINGS, FL 33071		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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.

 4/30/07