## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Feb 09, 2007 8:00 am Secretary of State DOCUMENT # L06000053230 02-09-2007 90070 034 \*\*\*\*50 00 ONE WORLD ENTERTAINMENT & MUSIC GROUP, LLC Principal Place of Business Mailing Address 60014367 15902 SW. 66 TERRACE, 15902 SW. 66 TERRACE, MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 03-0596609 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOE FERRERO LAW OFFICE OF HERNAN HERNANDEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 15902 SW 66 TERRACE 4649 PONCE DE LEON BLVD. SUITE 305. CORAL GABLES FL 33146 City 8. The above named entity supprits 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 registers SIGNATURE d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delete TITLE Change Addition TITLE FERRERO, JOE NAME NAME 15902 SW 66 TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MENDOZA, EDUARDO NAME NAME 15902 SW. 66 TERRACE, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-7IP MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE FERRERO, ISABEL C 15902 SW 66 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. PED OR PRINTED NAME OF SIGNING MANAGING MEMBER. AGER, OR AUTHORIZED REPRESENTATIVE

**FILED**