## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000057484

Entity Name: IRIE WEEKEND LLC

Name:

Address:

City-St-Zip:

MR. WINSTON LLC D.B., A JROSENBLUM E V ENTS

C/O WEC 22 W. 21ST STREET

NEW YORK, NY 10010 US

FILED Jun 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 LINCOLN RD. SUITE 200 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 1000 LINCOLN RD. SUITE 200 MIAMI BEACH, FL 33139 US FEI Number: 20-5202377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BDR MARKETING GROUP LLC** 1000 LINCOLN RD. SUITE 200 MIAMI BEACH, FL 33139 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BDR MARKETING GROUP, LLC Name: Name: Address: 1000 LINCOLN RD., SUITE 200 Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: IRIE MUSIC, CORP., Name: Address: 12271 SW 122 PATH Address: City-St-Zip: MIAMI, FL 33186 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NICHOLAS HINES LLC, Name: Name: 1345 N HAYWORTH #312 Address: Address: City-St-Zip: WEST HOLLYWOOD, CA 90046 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN GORDON MR 06/14/2007