2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012750

BRUNSON, JAMES

2715 LIME STREET

FORT MYERS, FL 33916 US

Name:

Address:

City-St-Zip:

Entity Name: MAKE MOVES RECORDS L.L.C.

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2123 DUPREE STREET US FORT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 2123 DUPREE STREET FORT MYERS, FL 33916 US FEI Number: 26-0165384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUNSON, CHANETTA 2123 DUPREE STREET US FORT MYERS, FL 33916 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 STEVENS, FRED Name: Name: 2123 DUPREE STREET Address: Address: City-St-Zip: FORT MYERS, FL 33916 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: WILSON, JOHN Name: Address: 2610 ST. CHARLES STREET Address: City-St-Zip: FORT MYERS, FL 33916 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition WILSON, MIKE Name: Name: 2515 FORD STREET Address: Address: City-St-Zip: FORT MYERS, FL 33916 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: TAYLOR, CHRIS Name: 1755 N. MARKLEY COURT Address: Address: City-St-Zip: FORT MYERS, FL 33916 FL City-St-Zip: Title: MGRM (X) 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: FREDERICK STEVENS MGRM 09/02/2008