

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041774

Entity Name: LATINOFAM MUSIC GROUP, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

319 E. CHURCH ST., SUITE 133
ORLANDO, FL 32801

New Principal Place of Business:

319 E. CHURCH ST.
SUITE 117
ORLANDO, FL 32801

Current Mailing Address:

319 E. CHURCH ST., SUITE 133
ORLANDO, FL 32801

New Mailing Address:

319 E. CHURCH ST., SUITE 117
ORLANDO, FL 32801

FEI Number: 68-0650547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, JOHNNY
319 E. CHURCH ST., SUITE 133
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

RUIZ, JOHNNY
319 E. CHURCH ST.
SUITE 117
ORLANDO, FL 32801 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:

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LATINOFAM HOLDING CO, RP.
Address: 319 E. CHURCH ST., SUITE 133
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete
Name: RUIZ, JOHNNY
Address: 319 E. CHURCH ST., SUITE 133
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNNY RUIZ,
Address: 319 E. CHURCH ST., SUITE 117
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOHNNY RUIZ

MGRM

03/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date