2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L07000068682

Entity Name: ETHEREAL MUZIK, LLC

Current Principal Place of Business:

668 GAINES STREET NW
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

668 GAINES STREET NW
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 26-0456173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISHOP, BRETT
668 GAINES STREET NW
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: BISHOP, BRETT
Address: 668 GAINES STREET NW
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM ( ) Delete
Name: SCARDIGNO, VINCENT
Address: 5051 MUDDY LANE
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGRM ( ) Delete
Name: JENKINS, SAMUEL
Address: 4525 DABNEY STREET
City-St-Zip: NORTH PORT, FL 34288 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ROUSLIN, NATE
Address: 3915 DAYBRIDGE PLACE
City-St-Zip: ELLENTON, FL 34222 US

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: BRETT BISHOP MGRM 03/11/2009

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