

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003244

Entity Name: SG MUSIC GROUP LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

6550 MARINA PT VILLAGE CT
106
TAMPA, FL 33635 US

New Principal Place of Business:

1241 E. FOWLER AVE
TAMPA, FL 33612 US

Current Mailing Address:

PO BOX 48831
TAMPA, FL 33647 US

New Mailing Address:

PO BOX 48831
TAMPA, FL 33646 US

FEI Number: 26-1722569 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:

DAWES, TAFARI S
6550 MARINA PT VILLAGE CT
106
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

DAWES, TAFARI S
1241 E. FOWLER AVE
TAMPA, FL 33612 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERRER, SHADRICK
Address: 5353 HARBORSIDE
City-St-Zip: TAMPA, FL 33615 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: DAWES, TAFARI
Address: PO BOX 48831
City-St-Zip: TAMPA, FL 33646 US

Title: P () Change (X) Addition
Name: FERRER, SHADRICK
Address: 1241 E. FOWLER AVE
City-St-Zip: TAMPA, FL 33612 US

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: TAFARI DAWES

CEO

05/01/2009

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