

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049214

Entity Name: SFX360 LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

101 SOUTH FT. LAUDERDALE BEACH BLVD.
1803
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

101 SOUTH FT. LAUDERDALE BEACH BLVD.
1803
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FURMAN, JULIE
101 SOUTH FT LAUDERDALE BEACH BLVD
1803
FT. LAUDERDALE, FL 33316 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:

Title: MGRM () Delete
Name: FURMAN, JULIE
Address: 101 SOUTH FT LAUDERDALE BEACH BLVD 1803
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: FURMAN, ROSS
Address: 101 SOUTH FT LAUDERDALE BEACH BLVD 1803
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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

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: ROSS FURMAN

MGRM

05/02/2009

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