2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000073777

Entity Name: TRADEMARK MUSIC LLC

Current Principal Place of Business:

5645 YOUNGQUIST ROAD
7
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

5645 YOUNGQUIST ROAD
7
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 26-3108234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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:	MELENDEZ, PRISCILLA E	
Address:	5645 YOUNGQUIST ROAD, UNIT 7	
City-St-Zip:	FORT MYERS, FL 33912 US	
Title:	MGRM	( ) Delete
Name:	MELENDEZ, LUIS M	
Address:	5645 YOUNGQUIST ROAD, UNIT 7	
City-St-Zip:	FORT MYERS, FL 33912 US	
Title:	MGRM	( ) Delete
Name:	MOISE, SAWVENANCE	
Address:	5645 YOUNGQUIST ROAD, UNIT 7	
City-St-Zip:	FORT MYERS, FL 33912 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PRISCILLA E MELENDEZ MGRM 04/30/2009

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