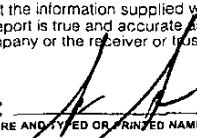


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
07 APR 26 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M96000000324</b> 1. Entity Name <b>SONY/ATV TUNES LLC</b>					
Principal Place of Business <b>550 MADISON AVENUE NEW YORK, NY 10022</b>			Mailing Address <b>C/O SCA LEGAL 550 MADISON AVENUE, 27TH FLOOR NEW YORK, NY 10022</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>13-3861543</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>BK</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SONY/ATV MUSIC PUBLISHING LLC 550 MADISON AVENUE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> 			Steven A. Storck, CEO of Sony/ATV Music Publishing LLC		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <b>4/24/07</b> Daytime Phone #: <b>212-833-5930</b>		



CORPORATION SERVICE COMPANY

M96000000324

ACCOUNT NO. : 072100000032

REFERENCE : 868005 4377650

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : April 25, 2007

ORDER TIME : 4:53 PM

ORDER NO. : 868005-010

CUSTOMER NO: 4377650

BK

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07 APR 26 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SONY/ATV TUNES LLC

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 APR 26 AM 8:58  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING