2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Section 1981

1. Entity Nam	MENT #M9600000 V LATIN MUSIC PUBLISH		SECHETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Plac 550 MADISO NEW YORK, N	N AVENUE IY 10022	Mailing Address C/O SCA LEGAL 550 MADISON AVE., 2 NEW YORK, NY 10022	7TH FLOOR	3K		T. ORIOA		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	04102007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Nurr 13-39	nber 117009	├	plied For t Applicable	
Zip	Country	Zip	Country	5. Certifica	5. Certificate of Status Desired \$5.00 Addition Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name a	nd Address of New R	egistered Agent		
CORPORA	TION SERVICE COMPANY	Street Addres		dress (P.O. Box Num	s (P.O. Box Number is Not Acceptable)			
	SSEE, FL 32301-2525		 -					
			City		 _	FL Zip Code	3	
SIGNATURE .	Signature, typed or printed name of registered agen ting Fee is \$50.00 ue by May 1, 2007	d title il applicable (NOTE: Registered Agent signature require		re required when reinstating)	1	DATE e check payable to Department of State		
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SONY/ATV MUSIC PUBLISHING 550 MADISON AVENUE NEW YORK, NY 10022	☐ Delete G LLC	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		700098	□ Change 3696897	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
11. I hereby of indicated limited lia	ertify that the information supplied wit on this report is true and accurate and bility company or the receiver or trust	hynis filing does not qualify for that my signature shall have a empowered to execute this SECVU	r the exemptions cor the same legal effect report as required by A. STITUM,	ntained in Chapter 11 of as if made under oa by Chapter 608, Florid CFO OF	9, Florida Statutes Tfu tih, that I am a manag a Statutes	rther certify that the info ing member or manage	rmation r of the	
SIGNAT	URE:	SUNY 1 OF SIGNING MANAGING MEMBER MAN	KTV MUSIC NAGER OR AUTHORIZED	FULLISMING L	Vi 9/2i	1/6/ 3/3-83 Daysme Phone #	<u>3-593</u> 0	

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CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: