

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001318

1. Entity Name
EUROPEAN AMERICAN MUSIC DISTRIBUTORS LLC



Principal Place of Business

**15800 NW 48TH AVENUE
P.O. BOX 4340
MIAMI, FL 33014**

Mailing Address

**15800 NW 48TH AVENUE
P.O. BOX 4340
MIAMI, FL 33014**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4081182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EUROPEAN AMERICAN MUSIC DIST. CORP.
15800 NW 48TH AVENUE P.O. BOX 4340
MIAMI, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WARNER BROS. PUBLICATIONS U.S. INC.
15800 NW 48TH AVENUE P.O. BOX 4340
MIAMI, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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U000000051048
02/16/04-80035-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #