

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 28, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90035 022 \*\*\*\*50.00

**DOCUMENT # L01000010175**

1. Entity Name  
**ACE PRO SOUND & RECORDING, L.L.C.**

Principal Place of Business  
**3342 N.E. 171**  
**NORTH MIAMI BEACH FL 33160**

Mailing Address  
**3342 N.E. 171**  
**NORTH MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1134834**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINMAN, JAY A**  
**BANK OF AMERICA AT INTERNATIONAL PLACE**  
**100 S.E. 2ND STREET**  
**NORTH MIAMI BEACH FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER/Member**  Delete  
 NAME **Frederick Rubin**  
 STREET ADDRESS **3342 171 Street**  
 CITY-ST-ZIP **N. Miami Beach, FL 33160**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Frederick Rubin*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8-23-02** **305 948**  
**3294**  
 Date Daytime Ph. n. f.

CR2E083 (4/02)