

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-25-2002 90162 012 ****50.00

DOCUMENT # L00000007714

1. Entity Name

TYMAT2 RECORDS, LLC

Principal Place of Business

4026 INVERRY BLVD
 APT 1305
 LAUDERHILL FL 33319

Mailing Address

P.O. BOX 9642
 FT LAUDERDALE FL 33310

2. Principal Place of Business

15928 NW 48th Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9642

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

City & State

FT Lauderdale FL

Zip

33014

Country

U.S.A

Zip

33310

Country

U.S.A

4. FEI Number

APPLIED FOR

651021174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, STEVEN
 4026 INVERRY BLVD
 APT 1305
 LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name Steven Anderson

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

5352 Gate Lake Rd

City TAMARAC

FL

Zip Code 33319

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.

SIGNATURE

Steven Anderson

3/11/02

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

(NOTE: Registered Agent signature required when relistening)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE CEO
 NAME ANDERSON, STEVEN A
 STREET ADDRESS 4026 INVERRY BLVD., APT 1305
 CITY-ST-ZIP LAUDERHILL FL 33319 ☒ Delete

TITLE CEO
 NAME Anderson Steven A
 STREET ADDRESS 5352 Gate Lake Rd
 CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

3/11/02

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

Date

Daytime Phone #

CR2E083 (9/01)