

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90757 013 ****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

15922 NW 48 Ave

3. Mailing Address

P.O. Box 9642

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Lakes FL

City & State

FT Lauderdale FL

4. FEI Number **65-1021174**

Applied For
Not Applicable

Zip

33014

Country

U.S.A

Zip

33310

Country

U.S.A

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

**ANDERSON, STEVEN
4026 INVERRY BLVD
APT 1305
LAUDERHILL FL 33319**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **CEO** ☒ Change ☐ Addition
NAME **Anderson, Steven A**
STREET ADDRESS **15922 NW 48th Ave**
CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

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

Date

Daytime Phone #

4/22/03

305-627-6770

CR2E083 (10/02)