

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000007875
 1. Entity Name
 AD RECORDS, L.L.C.

Principal Place of Business	Mailing Address
% J. DAVID PENA, P.A. 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131	% J. DAVID PENA, P.A. 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
10556 NW 26 STREET Suite, Apt. #, etc. SUITE D-202	10556 NW 26 STREET Suite, Apt. #, etc. SUITE D-202
City & State MIAMI FL	City & State MIAMI FL

DO NOT WRITE IN THIS SPACE

Zip 33172	Country US	Zip 33172	Country US
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4. FEI Number 65-1026066	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

J. DAVID PENA, P.A.
1101 BRICKELL AVENUE, SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
DUQUE ALVARO A

Street Address (P.O. Box Number is Not Acceptable)
10556 NW 26 STREET
SUITE D-202

City
MIAMI FL Zip Code
33172

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 ALVARO A. DUQUE DATE 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUQUE ALVARO A 10556 NW 26 STREET SUITE D-202 MIAMI FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ALVARO A. DUQUE MGR Date 04/30/2001 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)