

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90045 006 ****50.00

DOCUMENT # L00000007875

1. Entity Name
AD RECORDS, L.L.C.



Principal Place of Business
**10556 NW 26 STREET
SUITE D-202
MIAMI FL 33172
US**

Mailing Address
**10556 NW 26 STREET
SUITE D-202
MIAMI FL 33172
US**

2. Principal Place of Business
10400 NW 37 Terrace
Suite, Apt. #, etc.

3. Mailing Address
10400 NW 37 Terrace
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-1026066**

Applied For
 Not Applicable

Zip **33178** Country **US**

Zip **33178** Country **US**

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

**DUQUE, ALVARO A
10556 NW 26 STREET
SUITE D-202
MIAMI FL 33172**

Name
Alvaro A. Duque
Street Address (P.O. Box Number is Not Acceptable)
10400 NW 37 Terrace

City **Miami** State **FL** Zip Code **FL**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

2/26/03

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 MGR	<input checked="" type="checkbox"/> Delete
NAME DUQUE, ALVARO A	
STREET ADDRESS 10556 NW 26 STREET SUITE D-202	
CITY-ST-ZIP MIAMI FL 33172	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Duque, Alvaro A.	
STREET ADDRESS 10400 NW 37 Terrace	
CITY-ST-ZIP Miami, FL 33178	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED**

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

2/26/03 305 6298880

Date Daytime Phone #

0021172

CR2E083 (10/02)