


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90343 033 \*\*\*\*50.00

**DOCUMENT # L00000009719**

1. Entity Name  
**XPLOSION RECORDS LLC**



Principal Place of Business <b>1992 NE 148TH ST          NORTH MIAMI, FL 33181</b>	Mailing Address <b>1992 NE 148TH ST          NORTH MIAMI, FL 33181</b>
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2. Principal Place of Business <b>1939 NE 149<sup>th</sup> ST</b>	3. Mailing Address <b>1939 NE 149<sup>th</sup> ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>North Miami, FL</b>	City & State <b>North Miami, FL</b>
Zip <b>33181</b>	Zip <b>33181</b>
Country	Country

02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3671039**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.  
 283 CATALONIA AVE., 2ND FLOOR  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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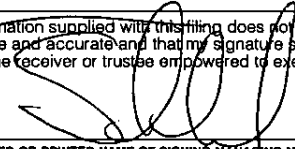
9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME MAIDEN, JOSHUA	
STREET ADDRESS 1992 NE 148TH ST	
CITY-ST-ZIP NORTH MIAMI, FL 33181	
TITLE MGR	<input type="checkbox"/> Delete
NAME SUTTON, STEVEN	
STREET ADDRESS 1992 NE 148TH ST	
CITY-ST-ZIP NORTH MIAMI, FL 33181	
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	

10. ADDITIONS/CHANGES

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAIDEN, JOSHUA	
STREET ADDRESS 1939 NE 149 <sup>th</sup> ST	
CITY-ST-ZIP NORTH MIAMI, FL 33181	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUTTON, STEVEN	
STREET ADDRESS 1939 NE 149 <sup>th</sup> ST	
CITY-ST-ZIP NORTH MIAMI, FL 33181	
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:**  **2/11/04** **(305) 949-6323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #