

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90102 017 *****55.00

DOCUMENT # L01000002538

1. Entity Name

BATCHELOR RECORDS LLC



Principal Place of Business

**950 S.E. 12TH STREET
HIALEAH FL 33010**

Mailing Address

**POST OFFICE BOX 523223
MIAMI FL 33152**

2. Principal Place of Business

111 NE 1ST ST

Suite, Apt. #, etc.

8TH FLOOR

3. Mailing Address

111 NE 1ST ST.

Suite, Apt. #, etc.

8TH FLOOR

City & State

Miami FL

City & State

Miami FL

Zip

33132

Country

USA

Zip

33132

Country

USA

4. FEI Number

65-1082445

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BATCHELOR-ROBJOHNS, ANNE
950 S.E. 12TH STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name

ANNE BATCHELOR-ROBJOHNS

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

111 NE 1ST ST., 8TH FLOOR

City

Miami

FL

Zip Code

33132

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.

ANNE BATCHELOR-ROBJOHNS

(NOTE: Registered Agent signature required when reinstating)

4-23-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **AEROSPACE FINANCE CORP**
STREET ADDRESS **950 SE 12 ST**
CITY-ST-ZIP **HIALEAH FL 33010** **NEW ADDRESS →**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **AEROSPACE FINANCE CORP**
STREET ADDRESS **111 NE 1ST ST.**
CITY-ST-ZIP **Miami, FL. 33132**

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

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-23-03 315:416-9066

CR2E083 (10/02)