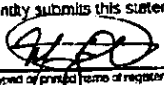
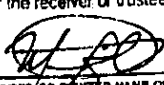


FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90032 023 \*\*\*\*55.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                                                                                     |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| DOCUMENT # L01000007142 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                                                                                     |                               |
| 1. Entry Name<br>SUBSTANCE RECORDINGS, LLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                                                                                     |                               |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                                                                                                                     |                               |
| 2. Principal Place of Business<br>1220 COLLINS AVENUE<br>Suite, Apt. #, etc.<br>SUITE 300<br>City & State<br>MIAMI BEACH, FL.<br>Zip<br>33139<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | 3. Mailing Address<br>1220 COLLINS AVENUE<br>Suite, Apt. #, etc.<br>SUITE 300<br>City & State<br>MIAMI BEACH, FL.<br>Zip<br>33139<br>Country<br>USA |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | 4. FEI Number<br>65-1103-460<br>Applied For<br>Not Applicable                                                                                       |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                 |                               |
| 7. Name and Address of Current Registered Agent<br>Name<br>MARCOS A. FAJARDO<br>Street Address (P.O. Box Number is Not Acceptable)<br>1220 COLLINS AVENUE # 300<br>City<br>MIAMI BEACH FL Zip Code<br>33139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                                                                                     |                               |
| B. 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.<br>SIGNATURE  DATE 4/26/02<br><small>Signature, typed or printed name of registered agent and date if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                                                                                     |                               |
| FREE SEASON<br>REGISTRATION FEE<br>DUE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                                                                                     |                               |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                                                                                                     |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MARCOS A. FAJARDO "MGRM"<br>1220 COLLINS AVE. #300<br>MIAMI BEACH, FL. 33139   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ANGEL L. CANDELARIA "MGRM"<br>1220 COLLINS AVE. #300<br>MIAMI BEACH, FL. 33139 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GREG CHIN "MGRM"<br>1220 COLLINS AVE. #300<br>MIAMI BEACH, FL. 33139           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                  | DO NOT WRITE<br>IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MATTHEW MEHLER "MGRM"<br>1220 COLLINS AVE. #300<br>MIAMI BEACH, FL. 33139      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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.<br>SIGNATURE:  DATE 4/26/02 305-604-0066<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small> |                                                                                |                                                                                                                                                     |                               |

CR20083 (12/01)