FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90032 023 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

956178

DOCUMENT # L01000007142

1. Entity Name: SUBSTANCE RECORDINGS, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1220 COLLINS AVENUE	1220 COLLINS AVENUE
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: MIAMI BEACH, FL.	City & State: MIAMI BEACH, FL.
Zip: 33139 Country: USA	Zip: 33139 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1103-460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: MARCOS A. FAJARDO
Street Address (P.O. Box Number Is Not Acceptable): 1220 COLLINS AVENUE # 300
City: MIAMI BEACH FL Zip Code: 33139

DO NOT WRITE IN THIS SPACE

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 [signature] DATE 4/26/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCOS A. FAJARDO "MGRM" 1220 COLLINS AVE. #300 MIAMI BEACH, FL. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGEL L. CANDELARIA "MGRM" 1220 COLLINS AVE. #300 MIAMI BEACH, FL. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GREG CHIN "MGRM" 1220 COLLINS AVE. #300 MIAMI BEACH, FL. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MATTHEW MEHLER "MGRM" 1220 COLLINS AVE. #300 MIAMI BEACH, FL. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	—
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	—

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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] 4/26/02 305-604-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #