2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** May 04, 2005 08:00 AM Secretary of State DOCUMENT # L01000009891 1. Entity Name 24/7 RECORDS LLC Mailing Address Principal Place of Business 1283 NW 163RD TERRACE 1283 NW 163RD TERRACE PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 04022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2402239 Not Applicable \$5.00 Additional 5. Certificate of Status Desired m Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PACE, LOUIS 1283 NW 163RD TERRACE PEMBROKE PINES, FL. 33028 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. 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PACE, LOUIS NAME U00000362977 1283 NW 163RD TERRACE STREET ADDRESS 05/05/05-80138-022 50.00 CITY-ST-ZIP PEMBROKE PINES, FL. 33028 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 inclicated 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.

TITLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE