8/25/2002-90200-

FILED
Sep 19, 2002 8:00 am
Secretary of State

08-25-2002 90200 008 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012046

1. Entity Name
NEM RECORDS, LLC

Principal Place of Business
2761 NW 82ND AVE.
MIAMI FL 33122

Mailing Address
2761 NW 82ND AVE.
MIAMI FL 33122

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1992 NE 148th St.
Suite, Apt. #, etc.
City & State: N. Miami, FL
Zip: 33181 Country: USA

3. Mailing Address: 1992 NE 148th St.
Suite, Apt. #, etc.
City & State: N. Miami, FL
Zip: 33181 Country: USA

4. FEI Number: 65-1137795 ☐ 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 [signature] Manager Aug. 21, 2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	MAIDAN, JOSHUA	
STREET ADDRESS	20130 N.E. 21ST COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	MGR	☒ Delete
NAME	ARIEL FUMBERG, SEBASTIAN A	
STREET ADDRESS	4311 DIAMOND TERRACE	
CITY-ST-ZIP	WESTON FL 33331	
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		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E083 (4/02)

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 REQUIRED [signature] (305) 949 6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #