

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015048

Entity Name: AMZ RECORDS L.L.C.

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

11154 NW 78 LANE
MIAMI, FL 33178 US

New Principal Place of Business:

11158 NW 80 LANE
MIAMI, FL 33178 US

Current Mailing Address:

11158 NW 80 LANE
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 65-1140677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAIKI, ALAIN
11154 NW 78 LN
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

MAIKI, ALAIN
11158 NW 80 LN
MIAMI, FL 33178 US

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: ALAIN MAIKI

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MAIKI, ALAIN
Address: 11154 NW 78 LN
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: MAIKI, GASSAN
Address: 11154 NW 78 LN
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MAIKI, ALAIN
Address: 11158 NW 80 LN
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Change () Addition
Name: MAIKI, GASSAN
Address: 11158 NW 80 LN
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAIN MAIKI

P

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date