


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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90110 007 ****50.00

DOCUMENT # <u>L01000015048</u>	
1. Entity Name <u>AMZ RECORDS, L.L.C</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5740 NW 113 PLACE</u> Suite, Apt. #, etc.	3. Mailing Address <u>5740 NW 113 Place</u> Suite, Apt. #, etc.
---	---

20015095

DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL 33178</u>	4. FEI Number <u>65-114-0677</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33178</u>	Country <u>USA</u>	Zip <u>33178</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>ALAIN MAIKI</u>
Street Address (P.O. Box Number is Not Acceptable) <u>5740 NW 113 PL</u>
City <u>MIAMI</u>
State <u>FL</u>
Zip Code <u>33178</u>

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.

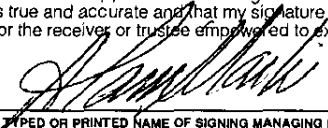
SIGNATURE  ALAIN MAIKI 1.9.2003
Signature, typed or printed name of registered agent and title if applicable. DATE

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	<u>MANAGING MEMBER</u> <u>ALAIN MAIKI</u> <u>5740 NW 113 PL</u> <u>MIAMI FL 33178</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  ALAIN MAIKI 1.9.2003 786-252-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)