

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000944

FILED  
May 18, 2005  
Secretary of State

**Entity Name:** CHRONIC RECORDS & ENTERTAINMENT, LLC

**Current Principal Place of Business:**

6157 N W 167TH STREET  
SUITE 3F  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

5348 S.W. 132ND AVE.  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 04-3588042      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

MALCOLM, BYRON N  
17038 W DIXIE HWY #223  
MIAMI, FL 33160 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SMITH, TITO M  
Address: 5348 S.W. 132ND AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: MALCOLM, BYRON N  
Address: 17038 W DIXIE HWY #223  
City-St-Zip: MIAMI, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BYRON N. MALCOLM

MGR

05/18/2005

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