

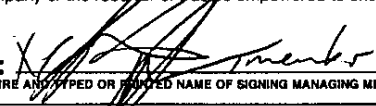


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90203 012 ****50.00

DOCUMENT # L02000004273 1. Entity Name FIGHTING RECORDS, LLC					
Principal Place of Business 12472 LAKE UNDERHILL RD 276 ORLANDO, FL 32828			Mailing Address 12472 LAKE UNDERHILL RD 276 ORLANDO, FL 32828		
2. Principal Place of Business 209 S. Hyer Ave Suite, Apt. #, etc.		3. Mailing Address 209 S. Hyer Ave Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">20024539</div> 	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-0196407	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, CHRISTOPHER J 12472 LAKE UNDERHILL RD 276 ORLANDO, FL 32828				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, CHRIS J MR 12472 LAKE UNDERHILL RD #276 ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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:  3/10/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					