2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 25, 2007
Secretary of State

DOCUMENT# L05000109601

Entity Name: 4M RECORDS, LLC

Current Principal Place of Business:

2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD
#238
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5012937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDRA, HOYOS ESQ.
1825 PONCE DE LEON BLVD
#238
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title:	MGR	(X) Delete
Name:	MEJIA, MARIO M	
Address:	1825 PONCE DE LEON BLVD #238	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	( ) Delete
Name:	HOYOS, SANDRA	
Address:	1825 PONCE DE LEON BLVD #238	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	( ) Delete
Name:	LOPEZ, GUIDO E	
Address:	1825 PONCE DE LEON BLVD #238	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: SANDRA HOYOS MGRM 11/25/2007

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