2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # L07000064361 04-23-2008 90129 010 ***138.75 UNABLE RECORDS, LLC. Principal Place of Business Mailing Address 85032 SAGAPONACK DRIVE 1417 SADLER RD, 60027491 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 Mailing Address 85032 Sagaponack 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State Beach ernandina Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Hanning RANSOM, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 85032 SAGAPONACK DRIVE FERNANDINA BEACH, FL 32034 Crosswicks Zip Code 32003 8. The above named entity submits this statement for the purpose of changing its registered office grappistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Kevin Kevin Hanning Signature, typed or partied name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition RANSOM, MICHAEL NAME 85032 SAGAPONACK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP ☐ Detete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.