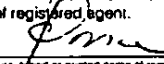
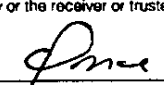


FILED
Jun 04, 2008 8:00 am
Secretary of State

4/1

04-17-2008 90165 043 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000085971			
1. Entity Name PROFOUND RECORDS LLC			
Principal Place of Business 848 S.W. 191ST LANE PEMBROKE PINES, FL 33029		Mailing Address 848 S.W. 191ST LANE PEMBROKE PINES, FL 33029	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 		DATE 4/10/08	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP OPERATING MANAGER GONZALEZ GONZALEZ 848 S.W. 191ST LANE PEMBROKE PINES FL 33029		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MEMBER LEON GONZALEZ 848 S.W. 191ST LANE PEMBROKE PINES FL 33029		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MEMBER LUIS GONZALEZ 848 S.W. 191ST LANE PEMBROKE PINES FL 33029		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
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.			
SIGNATURE: 		DATE 4/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE Daytime Phone #	

30008639



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
22-3967803 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required