


FILED
Feb 29, 2008 8:00 am
Secretary of State

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DOCUMENT # L07000098442

1. Entity Name
MOGUL RECORDS, LLC



02-29-2008 90103 003 ***138.75

Secretary of State

Principal Place of Business
2005 TREE FORK LANE
SUITE 109
LONGWOOD, FL 32750

Mailing Address
2005 TREE FORK LANE
SUITE 109
LONGWOOD, FL 32750

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1208894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GIBILISCO, MICHAEL
2005 TREE FORK LANE
SUITE 113
LONGWOOD, FL 32750

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 _____

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

MGRM
GIBILISCO, MICHAEL
2005 TREE FORK LANE SUITE 113
LONGWOOD, FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FEQUIERE, PAULEMILE
1971 DARLIN CIRCLE
ORLANDO, FL 32820

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
WHITE, CHRISTOPHER
21374 SW 112 AVENUE
MIAMI, FL 33189

☐ Delete

TITLE
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STREET ADDRESS
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☐ 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: _____ 2/21/08 407-252-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE