

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 11 PM 1:10

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DELROD RECORDS, L.C. 4711 N.E. 16TH AVENUE FORT LAUDERDALE FL 33334	DOCUMENT # L97000000566
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1a. Principal Place of Business Address 4711 N.E. 16TH AVENUE FORT LAUDERDALE FL 33334
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2. Principal Place of Business DELRAY BEACH FL Suite, Apt. #, etc. 403 414 N.E. 5th Ave City & State DELRAY BEACH FL Zip 33483 Country US	2a. Mailing Address 4711 NE 16th Ave City & State DELRAY BEACH FL Zip 33334 Country US
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3. Date Organized or Qualified 05/21/1997	3a. State of Formation FL
4. FEI Number 59-3384423	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent MACAULAY, ROBERT B OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER 201 S. BISCAYNE BL MIAMI FL 33131
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL MAH

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	DELLINGER, DENNIS J	4711 N.E. 16TH AVE.	FORT LAUDERDALE FL
MEM	KENNING, H.A. JR.	4949 RIVER POINT ROAD	JACKSONVILLE FL

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  5-20-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Signature Phone #