

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
ANNUAL REPORT : 1998				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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000566		1a. Principal Place of Business Address	
DELROD RECORDS, L.C. 4711 N.E. 16TH AVENUE FORT LAUDERDALE FL 33334				4711 N.E. 16TH AVENUE FORT LAUDERDALE FL 33334	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
DELRAY BEACH FL Suite, Apt. #, etc. 403 414 N.E. 5th Ave		4711 N.E. 16th Ave		05/21/1997	
City & State DELRAY BEACH FL		City & State FORT LAUDERDALE FL		3a. State of Formation FL	
Zip 33483		Country US		4. FEI Number 59-3384423	
				5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
MACAULAY, ROBERT B OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER 201 S. BISCAYNE BL MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code MIA			
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	
700002561127--1 -06/16/98-01087--005 ****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 #					