

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001590

1. Entity Name

ECG RECORDINGS, LLC

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
One Office Park, Suite 308
Mobile, AL 36609

Mailing Address
One Office Park, Suite 308
Mobile, AL 36609

2. Principal Place of Business
21300 San Simeon Way, R1
Suite, Apt. #, etc.
R1

3. Mailing Address
21300 San Simeon Way, R1
Suite, Apt. #, etc.
R1

DO NOT WRITE IN THIS SPACE

City & State
N. Miami Beach, FL

Zip
33179

Country

City & State
N. Miami Beach, FL

Zip
33179

Country

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Iglesias, Joanna Esq.
c/o Greenberg Traurig, P.A.
1221 Brickell Avenue
Miami, FL 33131

7. Name and Address of New Registered Agent

Name
Marshall R. Pasternack, P.A.

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd., Ste. 2500

City
Miami

FL

Zip Code
33131

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.

Marshall R. Pasternack, President

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE)

Registered Agent's signature required when reinstating.

DATE

4/20/01

FILE NO. 00000001590 FEE IS \$50.00
Make Check Payable to Department of State

800004275448--3
-05/22/01--01017--004
*****50.00 *****50.00

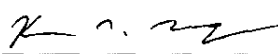
9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kevin Wagner 21300 San Simeon Way, R1 N. Miami Beach, FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-25-01 (305) 654-9900

Date

Display Photo #

CR2E083 (11/00)