2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001590

1. Entity Name

ECG RECORDINGS, LLC

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

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21300 San Simeon Way, R1	21300 San Simeon Way, R1
Suite, Apt. #, etc.: R1	Suite, Apt. #, etc.: R1
City & State: N. Miami Beach, FL	City & State: N. Miami Beach, FL
Zip: 33179 Country:	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	7. Name and Address of New Registered Agent
Iglesias, Joanna Esq. c/o Greenberg Traurig, P.A. 1221 Brickell Avenue Miami, FL 33131	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.

SIGNATURE Marshall R. Pasternack, President [signature] 4/20/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Kevin Wagner STREET ADDRESS: 21300 San Simeon Way, R1 CITY-ST-ZIP: N. Miami Beach, FL 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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] 4-25-01 (305) 654-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #