

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90027 019 ****50.00

DOCUMENT # M00000001590

1. Entity Name

ECG RECORDINGS, LLC



Principal Place of Business

Mailing Address

**1464 PRESIDENTIAL WAY
N MIAMI BEACH FL 33179**

**1464 PRESIDENTIAL WAY
N MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

1746 NE MIAMI GARDENS DRIVE

1746 NE MIAMI GARDENS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

319

319

City & State

City & State

NORTH MIAMI BEACH FL

NORTH MIAMI BEACH

Zip

Country

Zip

Country

33179

FL

33179



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**PASTERNAK, MARSHALL R P.A.
200 S. BISCAYNE BLVD., STE 2500
MIAMI FL 33131**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WAGNER, KEVIN
1464 PRESIDENTIAL WAY
NORTH MIAMI FL 33179**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~**1746 NE MIAMI GARDENS DRIVE
SUITE 319 NORTH MIAMI BEACH FL 33179**~~

☒ Change ☐ Addition

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 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]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-22-03 305-935-0002

CR2E083 (10/02)