File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED **ANNUAL REPORT** Secretary of State 1999 DIVISION OF CORPORATIONS 10 MPR 28 CH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY COMPANY COMPANY \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M98000000986** 1a. Principal Place of Business Address SPLASH RECORDS GROUP, L.L.C. 888 EAST LAS OLAS BOULEVARD 888 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 09/09/1998 DE Suite, Apl. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country ZiD Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SMITH, RICK 888 EAST LAS OLAS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 Suite, Apt. #, etc. Zip Code 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 . (Registered Agent Accepting Appointment) (NOT). Registered Agent signalure required when reinstaling) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 888 EAST LAS OLAS BOULEVAR FT. LAUDERDALE FL MGRM SMITH, RICK 900002868679---\$ 96/07/99-01161--001 *********188/.75 ****188.75 11. I do hereby certify that the information supplied with this bim a toes 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. attachment with an address

IGN/TURE AND TYPED ENTERIVED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: