2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \(\alpha \)

Jul 15, 2008 8:00 am Secretary of State **DOCUMENT # P04000159157** 07-15-2008 90062 040 ***150 00 WOLLENBERG RECORDS, INC. Principal Place of Business Mailing Address 11040 LAKEVIEW NORTH DRIVE 11040 LAKEVIEW NORTH DRIVE PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address LESLIE DRIVE Suite. Apt. #. etc. Suite, Apt. #, etc. 07072008 Chg-P CR2E034 (12/06) TPA 4. FEI Number Applied For City & State City & State HALLANDALE 20-1985891 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD CORTEZ CORTEZ, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11040 LAKEVIEW NORTH DRIVE PEMBROKE PINES, FL 33026 225 City HALLANDALE SEX CIT 33009 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. 2009 SIGNATURE OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE □ Delete TITLE CORTEZ, RICHARD NAME CORTEZ, RICHARD NAME APT 225 400 LESLIE DRIVE STREET ADDRESS 11040 LAKEVIEW NORTH DRIVE STREET ADDRESS 73009 CITY-ST-ZIP PEMBROKE PINES, FL 33026 CITY-ST-ZIP HALLANDALE BEACH FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

RICHARD- CORTEZ

SIGNING OFFICER OR DIRECTOR

JULY 7 2008

FILED