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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 19, 2006 8:00 am Secretary of State

DOCUMENT # P05000013610 1. Entity Name BIG E RECORDS, INC.							,	05-05-2000	6 90172 (041 ***	150.00
Principal Place of Business Mailing Address							· .				
420 JEFFERS MIAMI BEACH			420 JEFFERSON AVENUE MIAMI BEACH, FL 33139				i raniman in	19191 0771 GDM 64071 = 111	6019		FI(65) (3 (VA)
2. Principal P	Tace of Busin	1623	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042008	Chg-P	CR2E03	34 (11/05)	
City & State			City & State				FEI Number	<i>59783</i>	7	J	pplied For ot Applicable
Zip	Zip Country		Zip Coun		itry			of Status Desired		8.75 Ad ee Require	
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered A	gent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE					Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 3000 MIAMI, FL 33131											
					City				FL	Zip Cod	9
 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 refreshing) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND I	DIRECTORS	11.			.ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
HITLE MAME STREET ADDRESS CHY-SI-ZEP			☐ Delete		. 1	420	TEFAN,	EMILIO ERSON AV ACH, FL	ENUE	☐ Change	Addition
IMLE	 		Detete	TITLE		175	プ ロ	· ·		☐ Change	[Y Addition
NAME	HAM				ε			SLORIA Seson A		- conside	
STREET ADDRESS CITY-ST-ZIP		1 - 1			ET ADDRESS -ST-ZIP	42C	ami bei	ACH, FL	33/39	•	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E ET ADORESS	420	ADEO, I JEFFE AMI BE	FRANK FRSON AV	ENUE	Change	Addition
TITLE			Oeleta	TITLE			· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					E ET ADORESS - ST-ZIP					_ · •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta		i i					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delata						1	Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 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 changed, or on an attackment with an address, with all other like empowered.											