2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P05000013610 Apr 30, 2008 08:00 AM Secretary of State 1. Entity Name BIG É RECORDS, INC. Principal Place of Business Mailing Address **420 JEFFERSON AVENUE 420 JEFFERSON AVENUE** MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2297827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION DO NOT WRITE 701 BRICKELL AVENUE **SUITE 3000** IN THIS SPACE MIAMI, FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be U00000935401 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/23/08-80073-001 150.00 10. OFFICERS AND DIRECTORS DC TITLE NAME ESTEFAN, EMILIO STREET ADDRESS 420 JEFFERSON AVE. CHY-SI-ZIP MIAMI BEACH, FL 33139 **VSTD** TITLE NAME ESTEFAN, GLORIA 420 JEFFERSON AVE STREET ADDRESS CITY - ST - ZIP MIAMI BEACH, FL 33139 TITLE AMADEO, FRANK STREET ADDRESS 420 JEFFERSON AVE. DO NOT WRITE CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 sometimental 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 received or trustee ampowered 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 attachment with an applicable, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone ∉