File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 16 AM 9: 41 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** Z00108 1a. Principal Place of Business Address HOT RECORD SALES, L.C. 1450 NW 159 ST 1450 NW 159 ST MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 06/06/1989 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0127880 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 03/12/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name STRATTON, DOUGLAS D. Street Address (P.O. Box Number is Not Acceptable) 505 LINCOLN ROAD 900002497049--- 4 -04/22/98--01099--021 MIAMI BEACH FL 33139 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 City 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\_ DATE . ng Appointment) (NOTE Registered Agont signature required when reinstating) (Registered Agent A 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MIAMI FL , 33/69 MGR STONE, HENRY 7360 SW 48TH STREET ST MIAMI FL MGR STONE, JOE 11. I do 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 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

Ilmited 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

28- 305-628 9797

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attachment with an address.

SIGNATURE: