

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90007 026 ***150.00

DOCUMENT # 816732

1. Corporation Name
UNIVERSAL MUSIC & VIDEO DISTRIBUTION, INC.



Principal Place of Business	Mailing Address
10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608 US	P.O. BOX 5023 NEW YORK NY 10150 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/28/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-0623765	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERENY, PAMELA F	1.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY, CA 00000	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROS, HENRY	2.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY, CA 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, SHARON	3.2 NAME	
STREET ADDRESS	100 UNIVERSITY CITY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSITY CITY CA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCEMI, PAUL	4.2 NAME	
STREET ADDRESS	800 THIRD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, ZACHARY I	5.2 NAME	
STREET ADDRESS	70 UNIVERSAL CITY PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	5.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVYN R. LEWINTER	6.2 NAME	
STREET ADDRESS	70 UNIVERSAL CITY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	6.4 CITY-ST-ZIP	

14. I 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 or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Buscemi Paul Buscemi Vice President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIG: _____
 Date: 4/8/99 Daytime Phone #: 212-5727000

CR2E034 (11/98)