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Florida Department of State

Division of Corporations Public Access System

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2009 MAY -4

REGISTERED AGENT CHANGE

WARNER-ELEKTRA-ATLANTIC CORPORATION

Certificate of Status	0
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https://ofile.sunbiz.org/scripts/elilcovr.exe.

5/4/2009

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	evisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of New York	
	change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	corporation: Warner-Elektra-Atlantic Corporation	
2. The principal offi	ice address; c/o Paul Robinson, 75 Rockefeller Plaza, New York, NY 10019	
3. The mailing addn	ress (if different):	
4. Date of incorpora	ation/qualification: 01109/1973 Document number: \$29297	
5. The name and sm	wet address of the current registered agent and registered office on file with the	
G T	T Corporation System	
	T Corporation System 1203 George Square Blud Ste. 101 Tallahassee Ft. 32301 rect address of the new registered agent (if changed) and for registered office CT Corporation System 1200 South Pine Island Road	-
	Tallahassee FL 32301	`(
6. The name and stru (if changed):	reet address of the new registered agent (if changed) and for registered office	
	CT Corporation System System	
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box, NOT acceptable)	
	Plantation, Florida 33324	
	of its registered office and the street address of the business office of its registered agent, identical.	
Such change was a authorized by the b	authorized by resolution duly adopted by its board of directors or by an officer so coard, or the corporation has been notified in writing of the change.	
15 . 5	Fun officer or director) (Printed or typed name and fille)	
I hereby accept the I further agree to co of my duties, and I document is reine to corporation (437)	e appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this lifed rarrely to reflect a change in the registered office address, I hereby confirm that the after this provided writing of this change.	
By: Assisto	Compration System 1 Compration System 5 14 109	
(511)161112	C. C	
If signing on behalf	for an entity:	
(Турсс	d or Printed (Jame)	
	* * * FILING FEE: \$35.00 * * *	
MAIL	Make checks payable to Florida Department of State To: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FL006 - 10/06/2008 C T System Dnime

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