

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90221 018 ***150.00

DOCUMENT #
1. Entity Name
F94000006471
WARNER MUSIC LATINA INC.

DO NOT WRITE IN THIS SPACE

648833

2. Principal Place of Business 5201 BLUE LAGOON DRIVE Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33126 Country USA		3. Mailing Address % JANICE CANNON Suite, Apt. #, etc. 75 ROCKEFELLER PLZ, 25TH FL City & State NEW YORK, NY Zip 10019 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3586626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD
City PLANTATION FL Zip Code 33324

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.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME ZAMORA, GEORGE	TITLE	
STREET ADDRESS 5201 BLUE LAGOON DR STE 200	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DVS	NAME JOHNSON, DAVID H	TITLE	
STREET ADDRESS 75 ROCKEFELLER PLAZA	CITY-ST-ZIP NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE AS	NAME JANICE CANNON	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 75 ROCKEFELLER PLAZA	CITY-ST-ZIP NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DSRVP	NAME ANNE MANSBRIDGE	TITLE	
STREET ADDRESS 75 ROCKEFELLER PLAZA	CITY-ST-ZIP NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DVP	NAME HELEN MURPHY	TITLE	
STREET ADDRESS 75 ROCKEFELLER PLAZA	CITY-ST-ZIP NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE AT	NAME JAMES M. SOLOMON	TITLE	
STREET ADDRESS 75 ROCKEFELLER PLAZA	CITY-ST-ZIP NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Cannon JANICE CANNON 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)