

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**CORPORATION REINSTATEMENT**

**WARNER MUSIC LATINA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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09 APR 17 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F 94 00000 6471

1. Corporation Name

Warner Music Latina Inc.

2. Principal Office Address - No P.O. Box #  
555 Washington Avenue

3. Mailing Office Address  
75 Rockefeller Plaza

Suite, Apt. #, etc.  
Fourth Floor

Suite, Apt. #, etc.

City & State  
Miami Beach, FL

City & State  
New York, NY

Zip  
33139

Country

Zip  
10019

Country

New York

**REINSTATEMENT 07-09**  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/19/1994

5. FEZ Number

F94000006471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Applicable)  
1703 GOVERNORS SQUARE BLVD  
Suite, Apt. #, Etc. SUITE 101 FL 32301  
City TALLAHASSEE

Mark S. Eppley  
Assistant Vice President  
and Secretary

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

4/12/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Edgar Bronfman Jr.	75 Rockefeller Plaza	New York, NY 10019
Dir.	Michael Fleisher	75 Rockefeller Plaza	New York, NY 10019
Dir.	Paul Robinson	75 Rockefeller Plaza	New York, NY 10019
Pres	Inigo Zabala	555 Washington Avenue Fourth Floor	Miami Beach, FL 33139
VP	Cabriela Martinez	555 Washington Avenue Fourth Floor	Miami Beach, FL 33139
Secy	Paul Robinson	75 Rockefeller Plaza	New York, NY 10019

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Handwritten Signature]*

Paul Robinson, VP & Secy

4/15/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #