

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90098 002 ***150.00

0697568
FP

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1. Entity Name
WARNER MUSIC LATINA INC.

Principal Place of Business
**5201 BLUE LAGOON DRIVE
SUITE 200
MIAMI FL 33126
US**

Mailing Address
**C/O JANICE CANNON
75 ROCKEFELLER PLAZA
NEW YORK NY 10019
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3586626**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMORA, GEORGE	
STREET ADDRESS	5201 BLUE LAGOON DR STE 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID H	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CANNON, JANICE	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	RICHARD J. BRESSLER	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, GEORGE	
STREET ADDRESS	555 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DSVP	
STREET ADDRESS	MANSBRIDGE, ANNE	
CITY-ST-ZIP	75 ROCKEFELLER PLAZA NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AT	
STREET ADDRESS	SOLOMON, JAMES M.	
CITY-ST-ZIP	75 ROCKEFELLER PLAZA NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVP	
STREET ADDRESS	MURPHY, HELEN	
CITY-ST-ZIP	75 ROCKEFELLER PLAZA NEW YORK, NY 10019	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANICE CANNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON, 4/24/03 212-484-6503

Date

Daytime Phone #

CR2E034 (10/02)