

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

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

04-20-1999 90079 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32542
 1. Corporation Name
GEFFEN RECORDS, INC.

Principal Place of Business 70 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	Mailing Address P.O. BOX 5023 NEW YORK NY 10150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 01/22/1991	
4. FEI Number 95-4266328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	SV	<input type="checkbox"/> DELETE
NAME	RANDALL, KAREN	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROSENBLATT, ED	
STREET ADDRESS	9130 SUNSET BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WEITZMAN, HOWARD L.	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALKER, JAMES J.	
STREET ADDRESS	9130 SUNSET BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARCIA, SHARON	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSCEMI, PAUL	
STREET ADDRESS	800 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 4/8/99 212-572-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE _____ Daytime Phone # _____

CR2E034 (11/98)