

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34084

Entity Name: HOLLYWOOD RECORDS, INC.**Current Principal Place of Business:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521**Current Mailing Address:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521-0105 US**FEI Number:** 95-4286450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIACALONE, MARGARET C
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SENIOR VICE PRESIDENT
Name MCLEAN, CHIP
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521-0105

Title ASST. TREASURER
Name BELZER, GREGORY
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title TREASURER
Name HEADLEY, JONATHAN S
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title DIRECTOR, PRESIDENT
Name BUNT, KENNETH N
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title DIRECTOR, SECRETARY
Name REED, MARSHA L
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title DIRECTOR
Name MCGINNIS, MATTHEW L
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title VP
Name FRANKLIN, DARRYL J
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA L REED**SECRETARY****04/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date