
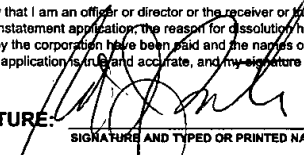


FILED

DEC 20 AM 11:13

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000001750			
1. Corporation Name BMG Songs, Inc.			
2. Principal Office Address 1540 Broadway Suite, Apt. #, etc. 24th floor City & State New York, NY Zip 10036		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country USA	
4. Date Incorporated or Qualified To Do Business in Florida March 26, 2000		5. FEI Number 95-3104625 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
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		Deborah D. Skipper Date 12-20-01 Asst. V. Pres.	
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
	Please see attached list.		600004734200
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 under section 119.07(3)(i), 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: 		Robert J. Sorrentino 12/18/01 212-782-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2001 (9/00)

## **Directors, Officers Report**

### **BMG SONGS, INC.**

Wednesday, December 05, 2001

#### **DIRECTORS**

**LaVerne Evans** **Director**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

**Nicholas Firth** **Director**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

**Rolf Schmidt-Holtz** **Director**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

#### **OFFICERS**

**Rolf Schmidt-Holtz** **Chairman of the Board**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

**Nicholas Firth** **President**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

**Scott Francis** **Senior Vice President**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

**Carol Lipkin** **Vice President and Treasurer**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA

**Robert J. Sorrentino** **Vice President, Taxes**  
Primary Address: c/o Bertelsmann, Inc.  
1540 Broadway  
New York, NY 10036 USA

**Stanley H. Schneider** **Secretary**  
Primary Address: c/o BMG Entertainment  
1540 Broadway  
New York, NY 10036 USA



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ACCOUNT NO. : 0721000000032

REFERENCE : 477471 4339006

AUTHORIZATION : *Patricia Pizit*

COST LIMIT : \$ 158.75

ORDER DATE : November 19, 2001

ORDER TIME : 10:35 AM

ORDER NO. : 477471-060

CUSTOMER NO: 4339006

CUSTOMER: Mr. Anthony Lin  
Bertelsmann Inc.  
1540 Broadway  
24th Floor  
New York, NY 10036-4098

**RESUBMIT**  
Please give original  
submission date as file date.

REINSTATEMENT

\*\*\*\*\*FILE 1ST\*\*\*\*\*

NAME: BMG SONGS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 DEC 21 AM 9:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

RECEIVED  
01 DEC 20 AM 11:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA