FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90223 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003965

1. Entity Name
EMI BLACKWOOD MUSIC INC.

11034587

Principal Place of Business	Mailing Address
1290 AVENUE OF THE AMERICAS, 37TH FLOOR NEW YORK, NY 10104	1290 AVENUE OF THE AMERICAS, 37TH FLOOR NEW YORK, NY 10104

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-6099761 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BANDIER, MARTIN N		NAME		
STREET ADDRESS	1290 AVENUE OF THE AMERICAS, 37TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10104		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAXON, ROGER		NAME		
STREET ADDRESS	1290 AVENUE OF THE AMERICAS, 37TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10104		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLER, CLARK W		NAME		
STREET ADDRESS	1290 AVENUE OF THE AMERICAS, 37TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10104		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DARR, TODD		NAME		
STREET ADDRESS	1290 AVENUE OF THE AMERICAS, 37TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10104		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FIELDS, MARI E		NAME		
STREET ADDRESS	2751 CENTERVILLE ROAD, SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19808		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALABRESE, ANTHONY		NAME		
STREET ADDRESS	1290 AVENUE OF THE AMERICAS, 37TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10104		CITY-ST-ZIP		

CR2E034 (10/02)

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: Anthony Calabrese 4/28/03 212-786-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #