


2008 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
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| DOCUMENT # F03000002870 | |  |
| 1. Entity Name POLYGRAM INVESTMENT CORPORATION | | |

FILED

09 APR -8 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--|
| Principal Place of Business 70 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608 US | Mailing Address C/O UNIVERSAL MUSIC GROUP PO BOX 5023 NEW YORK, NY 10150 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



11062008 REIN-FL CR2ED98 (1/07) 08-09

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|--|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | |
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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| \$900.00 Reinstatement Fee | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARNEY, JOSEPH E 800 THIRD AVE, 3RD FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV OSTROFF, MICHAEL 2220 COLORADO AVE. SANTA MONICA, CA 90404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOROWITZ, ZACHARY I 2220 COLORADO AVE SANTA MONICA, CA 90404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPC MORRIS, DOUGLAS P 1755 BROADWAY, 7TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV HENNY, MARINUS N 1755 BROADWAY, 5TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CIONGOLI, CHARLES C 2220 COLORADO AVE SANTA MONICA, CA 90404 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST. SECY ROBERT W. MOSLEY 800 Third Ave - 3rd Fl. New York NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800149165998 04/08/09--01003--025 **900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brian D. Gyle 11/7/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/18