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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F54074**

1. Corporation Name
UNIMUSICA, INC.

Principal Place of Business	Mailing Address
~~POLYGRAM LATINO, INC., % JESSIE ABAD, ESQ.~~ ~~6303 BLUE LAGOON DR., STE. 210~~ ~~MIAMI FL 33126~~ US	~~POLYGRAM LATINO, INC., % JESSIE ABAD, ESQ.~~ ~~6303 BLUE LAGOON DR., STE. 210~~ ~~MIAMI FL 33126~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1981

2. Principal Place of Business	2a. Mailing Address
21 1425 Collins Avenue	26 1425 Collins Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami Beach, FL	28 Miami Beach, FL
24 Zip 33139 25 Country USA	29 Zip 33139 30 Country USA

4. FEI Number: 59-2150835 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAYNARD, MARCOS
6303 BLUE LAGOON DR #210
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Jeffrey S. Grubman, Herman Grubman & Moore
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street
83 Suite 2600
84 City: Miami FL 85 Zip Code: 33131

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] 4/22/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	~~MAYNARD, MARCOS~~		1.2 NAME	ALVAREZ, IVAN	
STREET ADDRESS	~~6303 BLUE LAGOON DRIVE~~		1.3 STREET ADDRESS	1425 Collins Avenue	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VP	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	~~HERNANDEZ, AL~~		2.2 NAME	HERNANDEZ, AL	
STREET ADDRESS	~~6303 BLUE LAGOON DRIVE~~		2.3 STREET ADDRESS	1425 Collins Avenue	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	~~ROTHBLUM, LISA~~		3.2 NAME	SANCHEZ, CARLOS	
STREET ADDRESS	~~825 EIGHT AVENUE~~		3.3 STREET ADDRESS	1425 Collins Avenue	
CITY-ST-ZIP	~~NEW YORK NY~~		3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SASSOON, DANIEL~~		4.2 NAME		
STREET ADDRESS	~~825 EIGHT AVENUE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW YORK NY~~		4.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~FALAGUERRA, MICHAEL~~		5.2 NAME		
STREET ADDRESS	~~825 EIGHT AVENUE~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW YORK FN~~		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~FRONFELD, ERIC~~		6.2 NAME		
STREET ADDRESS	~~825 EIGHT AVENUE~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW YORK NY~~		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: [signature] Ivan Alvarez, VP 4/23/99 305-604-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)