

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90361 043 ***150.00

DOCUMENT # F54074

1. Entity Name
UNIVERSAL MUSICA, INC.

Principal Place of Business

**1425 COLLINS AVE
MIAMI BCH FL 33139
US**

Mailing Address

**1425 COLLINS AVE
MIAMI BCH FL 33139
US**

2. Principal Place of Business

3. Mailing Address

do Vivendi Universal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 5023

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10150

4. FEI Number **59-2150835**

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

**HERMAN AND GRUBMAN
100 SE 2ND ST
STE 2600
MIAMI FL 33131**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **ALVAREZ, IVAN**
STREET ADDRESS **1425 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **V** ☐ Change ☒ Addition
NAME **Conway, Kevin**
STREET ADDRESS **800 Third Avenue, 6th Floor**
CITY-ST-ZIP **New York, NY 10022**

TITLE **T** ☐ Delete
NAME **HERNANDEZ, AL**
STREET ADDRESS **1425 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **D** ☐ Change ☒ Addition
NAME **Epstein, Norman**
STREET ADDRESS **100 Universal City Plaza**
CITY-ST-ZIP **Universal City, CA 91608**

TITLE **S** ☐ Delete
NAME **SANCHEZ, CARLOS**
STREET ADDRESS **1425 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **D** ☐ Change ☒ Addition
NAME **Ostroff, Michael**
STREET ADDRESS **100 Universal City Plaza**
CITY-ST-ZIP **Universal City, CA 91608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Conway Kevin Conway

Date

Daytime Phone #

4/12/01 (212) 572-7000

0170364

CR2E034 (10/00)