Division of Corporations

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Florida Department of State

Division of Corporations
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RETARY OF STATE AHASSEE, FLORIDA

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## REGISTERED AGENT CHANGE

WARNER MUSIC LATINA INC.

Certificate of Status	0
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5,429

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of
•	he corporation: Warner Music Latina Inc.
2. The principal of	office address: c/o Paul Robinson, 75 Rockefeller Plaza, New York, NY 10019
3. The mailing ac	ddress (if different):
4. Date of incorp	eration/qualification: 12/19/1994 Document number: F9400000006471
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
-	C T Corporation System
	Tallahassee, Florida 32901
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
<u>.</u>	(P.O. Box NOT scorptable)  Plantation, Florida 33324
The street address as changed will b Such change was	ss of its registered office and the street address of the business office of its registered gent, be identical.  s authorized by resolution duly adopted by its board of directors or by an officer set board, or the corporation has been notified in writing of the change.
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete performance of a familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.  The Corporation System
By: Lau	ALL BULL S/4/04
If signin (MA	man or reduced Manney
17	nged or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)