


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001830 (7)
 1. Corporation Name
UNIVERSAL MUSIC LATIN AMERICA, INC.



Principal Place of Business 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	Mailing Address P.O. BOX 5023 NEW YORK NY 10150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1995	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 95-4493937	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, JORGEN		1.2 NAME		
STREET ADDRESS	33 BROADWICK ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON EN		1.4 CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOROWITZ, ZACHARY I		2.2 NAME		
STREET ADDRESS	70 UNIVERSAL CITY PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	UNIVERSAL CITY CA		2.4 CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEITZMAN, HOWARD L.		3.2 NAME		
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	UNIVERSAL CITY CA		3.4 CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDALL, KAREN		4.2 NAME		
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	UNIVERSAL CITY CA		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSCEMI, PAUL		5.2 NAME		
STREET ADDRESS	800 THIRD AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAMUEL, MICHAEL		6.2 NAME	Secretary	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		6.3 STREET ADDRESS	Sharon Garcia	
CITY-ST-ZIP	UNIVERSAL CITY CA		6.4 CITY-ST-ZIP	100 Universal City Plaza Universal City, CA	

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.

SIGNATURE: *Paul Buscemi* Paul Buscemi, Vice President 4/2/98 212-572-7000

CR2E034 (10/97)