

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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608</b>	Mailing Address <b>P.O. BOX 5023 NEW YORK NY 10150 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1995</b>	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>95-4493937</b>	
21 Sulte, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
5. Certificate of Status Desired <input type="checkbox"/>		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		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
7. \$8.75 Additional Fee Required		7. \$5.00 May Be Added to Fees		81 Name	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND RD.                  PLANTATION FL 33324</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>LARSEN, JORGEN</b>		1.2 NAME				
STREET ADDRESS	<b>33 BROADWICK ST</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>LONDON EN</b>		1.4 CITY-ST-ZIP				
TITLE	<b>COO</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>HOROWITZ, ZACHARY I</b>		2.2 NAME				
STREET ADDRESS	<b>70 UNIVERSAL CITY PLAZA</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>UNIVERSAL CITY CA</b>		2.4 CITY-ST-ZIP				
TITLE	<b>EV</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>WEITZMAN, HOWARD L.</b>		3.2 NAME				
STREET ADDRESS	<b>100 UNIVERSAL CITY PLAZA</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>UNIVERSAL CITY CA</b>		3.4 CITY-ST-ZIP				
TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RANDALL, KAREN</b>		4.2 NAME				
STREET ADDRESS	<b>100 UNIVERSAL CITY PLAZA</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>UNIVERSAL CITY CA</b>		4.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BUSCEMI, PAUL</b>		5.2 NAME				
STREET ADDRESS	<b>800 THIRD AVE</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW YORK NY</b>		5.4 CITY-ST-ZIP				
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	<b>SAMUEL, MICHAEL</b>		6.2 NAME				
STREET ADDRESS	<b>100 UNIVERSAL CITY PLAZA</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>UNIVERSAL CITY CA</b>		6.4 CITY-ST-ZIP				
				Secretary <b>Sharon Garcia</b> <b>100 Universal City Plaza</b> <b>Universal City, CA</b>			

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)