

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1995	
21		26		4. FEI Number 95-4493937	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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	

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

FL

85 Zip Code

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, 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	<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 PLAZE			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			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA			6.3 STREET ADDRESS			
CITY-ST-ZIP	UNIVERSAL CITY CA			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.

SIGNATURE:

Paul Buscemi

Paul Buscemi, Vice President

4/2/98

212-572-7000

CR2E034 (10/97)