

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90078 042 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000001830**

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

3. Date Incorporated or Qualified  
**04/14/1995**

4. FEI Number  
**95-4493937**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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 \_\_\_\_\_ (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 checked="" 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	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, SHARON	6.2 NAME	
STREET ADDRESS	100 UNIVERSITY CITY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSITY 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, with all other like empowered.

SIGNATURE: Paul Buscemi Paul Buscemi Vice President 4/8/99 212-572-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE DATE Daytime Phone #

CR2E034 (11/98)