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

**PROFIT** CORPORATION ANNUAL REPORT 1999



Mailing Address

P.O. BOX 5023

## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500001830

1. Corporation Name

Principal Place of Business

UNIVERSAL MUSIC LATIN AMERICA, INC.

100 UNIVERSAL CITY		P.O. BOX 5023 NEW YORK NY 10150						
Other to the transfer of the t		US			DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified</li> <li>04/14/1995</li> </ol>			
2. Principal Place of Business		2a. Mailing Address		-	4, FEI Number	Ap	plied For	
21		26			95-4493937	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 E Cartifonto of Ctatus Donirod 1 1	5. Certificate of Status Desired		
City & State		City & State			6. Election Campaign Financing	5.00	May Be	
23		28	28		1 - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Added t	- 1	
Zip Country		Zip Country			8. This corporation owes the current year Intangib	le		
24	25	29	0		Personal Property Tax.	es	□No	
	9. Name and Address of Current	Registered Agent	·		10. Name and Address of New Registered Ager	ıt		
				Name				
	CORPORATION SYSTEM		82 Street Ad		Address (P.O. Box Number is Not Acceptable)			
	S. PINE ISLAND RD.		<b>51</b> 51551.					
PLANTATION FL 33324			83					
			9.4	City	88	7in (	Code	
			84	City	FL   "	, 2.19		
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		13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12	
TITLE	P	DELETE 1				Change	☐ Addition	
NAME	LARSEN, JORGEN	12 N						
	33 BROADWICK ST			T ADDRESS				
STREET ADDRESS	LONDON EN	<u>,                                     </u>		T-ZIP			ļ	
CITY-ST-ZIP TITLE	COO	E⊈ DELETE 2.1				Change	☐ Addition	
	_		2.2 NAME					
NAME	70 UNIVERSAL CITY PLAZE			T ADDRESS			ĺ	
STREET ADDRESS	UNIVERSAL CITY CA		2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	EV DELETE		3.1 TITLE	31-21		Change	☐ Addition	
			3.2 NAME				1	
NAME				T ADDRESS				
STREET ADDRESS	UNIVERSAL CITY FLAZA		3.4. CITY-ST-ZIP					
CITY-ST-ZIP			4.1 TITLE	3(- <u>2</u> 1r		Change	Addition	
TITLE	-		4. 2 NAME			•	_	
NAME				T ADDRESS				
STREET ADDRESS	UNIVERSAL CITY CA		4				.	
CITY-ST-ZIP	V	☐ DELETE	4.4 CITY-S 5.1 TITLE	31-217	П	Change	Addition	
TITLE			5.2 NAME		_	•	_ {	
NAME	BUSCEMI, PAUL 800 THIRD AVE			TADDRESS				
STREET ADDRESS	NEW YORK NY		5.4 CITY-5				ļ	
C/TY-ST-ZIP TITLE	S	DELETE	6.1 TITLE			Change	Addition	
	GARCIA, SHARON	<u> </u>	6.2 NAME			-		
NAME	100 UNIVERSITY CITY PLAZA			T ADDRESS				
STREET ADDRESS	UNIVERSITY CITY CA		6.4 CITY-1					
CITY-ST-ZIP	artify that the information symplind with	h this filing does not qualify for th	ne eyemn	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify the	hat the i	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.								

Paul Buscemi

Vice President

Apr 20, 1999 8:00 am Secretary of State

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