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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90016 020 \*\*\*150.00

DOCUMENT # F97000003722	
IN NORMATINE # GUZINGGINGGAZZZ	,
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1. Corporation Name

MCA - DUCHESS MUSIC CORPORATION

Principal Place of Business Mailing Address						
100 UNIVERSAL	CITY PLAZA	PO BOX 5023 NEW YORK NY 10150				
UNIVERSAL CIT	Y CA 91608					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						07/17/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	<b>330</b> 5. <b>23</b> 5535	26				95-1840702 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		\$8.75 Additional
22	•	27	-			5. Certificate of Status Desired - Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible
24	25	29 30				Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			I	10. Name and Address of New Registered Agent
CT C	ORPORATION SYSTEM		81	"	lame	
	SO PINE ISLAND RD		82	s	treet Addres	ess (P.O. Box Number is Not Acceptable)
	ITATION FL 33324		83	_		
- FUNIT	11A11011 1 E 33324		83			
			84	c	City	FL 85 Zip Code
44 5	4. the	2 and 607 1609 Elected Statutos	the above		amed corno	oration submits this statement for the numose of changing its registered
office or o	edistered agent, or both, in the State (	of Florida. Such change was autho	orized by	ıne	corporation	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes			
SIGNATURE	Signature, typed or printed name of registered agent	and title if analysable (NOTE: Par	ristered Acen	nt eicu	mature required )	d when reinstating) DATE
12.	OFFICERS AN		13.	it org.	Total o required 7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Additio
NAME	RENZER, DAVID		1.2 NAME			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		1.3 STREET	T ADE	DRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608		1.4 CITY-ST	T-ZIF	Р	
TITLE	VC00	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	LEWINTER, MELVYN R		2.2 NAME			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		2.3 STREET	TADE	DRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608		2. 4 CITY-S	ST-ZII	JP -	a the second of
TITLE	V	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	HACK, BRUCE L		3,2 NAME			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		3.3 STREET	T ADO	DRESS	,
CITY-ST-ZIP	UNIVERSAL CITY CA 91608		3.4. CITY-S	ST-ZI	iP	
TITLE	V	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	KENSWIL, LAWRENCE		4. 2 NAME			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		4.3 STREET	TADI	DRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608		4.4 CITY-S	T-ZIF	P	
TITLE	V	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	MCGILL, DANIEL C		5.2 NAME			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		5.3 STREET	T ADI	DRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608		5.4 CITY-S	T-ZIF	Р	
πιε	V	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	MULLIGAN, BRIAN C		6.2 NAME			
STREET ADDRESS	100 UNIVERSAL CITY PLAZA		6.3 STREET	TAD	DRESS	

**UNIVERSAL CITY CA 91608** 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 chapter 607 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Paul Buscemi Vice President