2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90071 014 ***150.00

DOCUMENT # F99000004206

1. Entity Name

POLYGRAM GROUP DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608-1009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO Box 5023
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: New York, NY
Zip / Country	Zip: 10150-5023 / Country

4. FEI Number: 13-3535572 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DROZ, HENRY 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Droz, Henry	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, DOUGLAS P 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Epstein, Norman 100 Universal City Plaza Universal City, CA 91608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HACK, BRUCE L 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Urie, James A 100 Universal City Plaza Universal City, CA 91608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOROWITZ, ZACHARY I 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Buscemi, Paul 800 Third Ave, A 6th Floor New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRAVENS, NEAL B 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Conway, Kevin 800 Third Ave, 6th Floor New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EPSTEIN, NORMAN 10 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Garcia, Sharon S 100 Universal City Plaza Universal City, CA 91608	☐ Change ☒ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Buscemi REQUIRED Paul Buscemi 04/10/2000 (212) 572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #