## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## FILED **DOCUMENT # F99000004206** UNIVERSAL MUSIC GROUP DISTRIBUTION, CORP. 09 APR -8 PM 3: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10 UNIVERSAL CITY PLAZA C/O UNIVERSAL MUSIC GROUP UNIVERSAL CITY, CA 91608 PO BOX 5023 NEW YORK, NY 10150-5023 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suito, Apt. #, etc 11062008 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 13-3535572 Not Applicable Zip Country Country Zιρ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE oliginature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ URIE, JAMES A NAME STREET ADDRESS 10 UNIVERSAL CITY PLAZA, 4TH FLOOR STREET ADDRESS CITY-ST-ZIP UNIVERSAL CITY, CA 91608 CITY-ST-7/P Dolete Asst. Secretary TITLE r Change Addition NAME CARNEY, JOSEPH NAME 800 THIRD AVE 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP D/EV ☐ Defete TITLE Addition OSTROFF, MICHAEL NAME NAME STREET ADDRESS 2220 COLORADO AVE STREET ADDRESS CITY ST ZIP SANTA MONICA, CA 90404 CITY- ST-2/P ☐ Detete TRLE ☐ Change Addition HOROWITZ, ZACHARY I NAME NAME 400149166194 STREET ADDRESS 2220 COLORADO AVE STREET ADDRESS 04/08/09--01003--027 \*\*900.00 CITY-ST-ZIP SANTA MONICA, CA 90404 CITY-ST-ZIP TITUE ☐ Delete TULE ☐ Change Addition MORRIS, DOUGLAS P NAME NAME 1755 BROADWAY, 7TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition CIONGOLI, CHARLES C NAM NAME 2220 COLORADO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA MONICA, CA 90404 CITY+ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytimo Phone #