

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000217392 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850) 222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

UNIVERSAL MÜSIC-MGB NA LLC

1
02
\$82-30

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileovr.exe

820222098

8/29/2007 EZ:91 4007/67/80

CI CORP

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608.416 ts the following statemen ue of Florida.	or 608.508, i nt in order to	Florida Statutes, the change its registere	: undersigned limited d office or registered
1. The name of the limit	ted liability company is:	Universal Music	- MGB NA LLC	
2. The mailing address	of the limited liability cor	mpany is : 245	FIFTH AVENUE, 8TH	FLOOR
NEW YORK, NY 10001				
12/27/2006			06000007158	
	filing/registration in Florida 4. Document number			
5. The name of the regis Florida Department of		ered office ad	dress as shown on th	e records of the
•	CORPORATION SERVICE			C.
Name				O7 AUG
1201 HAYS STREET				N S IO
Address TALLAHASSEE FL 32301 US			G 7	
City, State and Zip				29
6. The name and address	of the new registered ag	ent and/or offi	ce:	07 AUG 29 AM 8: 33
	C T Corp	oration System		ø.
Name				ယ္
		Pine Island Road	. 1.1 \	
•	Florida street address	(P.O. Box NU	T acceptable)	
	Plantation	FL	33324	
•	City, St	ate and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lipor the operating after medical control of a member or authorized the lipor that of a member or authorized that the lipor that of a member or authorized that the lipor that of a member or authorized that the lipor that of a member or authorized that the lipor that of a member or authorized that the lipor tha	change or changes are ma f the registered agent will ereby confirmed that the mited liability company on tof the limited liability	de, the Florida I be identical, change(s) was or as otherwise company.	a street address of the Or, in the case of a were authorized by	e registered office Florida limited an affirmative vote
Nell Nagano, Secretary (Printed or typed name of signer	<u>, </u>			
I hereby accept the apportunity with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm C.T. Co. (Signature of Registered Agent)	nintment as registered agins of all statutes relative of accept the obligations this document is being fit that the limited liability poration System	-		
Divisio	on of Corporations, P.O FILING	. Box 6327, T FEE: \$25,00	allahassee, FL 323	14
INH\$18 (8/05)		•		,

8129/22087 15:23 8502227615

PLDIS - OWOGY2005 C T System Online