## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY		RTMENT OF STATE	FILED		
ANNUAL REPORT 1997	DIVISION OF	ary of State CORPORATIONS	97 FEB 12 PN 3:	07	
FILING FEE   Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SONY/ATV TUNES LLC 550 MADISON AVENUE NEW YORK NY 10022			1a. Principal Place of Business Address 550 MADISON AVENUE NEW YORK NY 10022		
If above mailing address is incorrect in any way, line thro  Principal Place of Business	nter correction in Block 2a.	3. Date Organized or Qualified	3a. State of Formation		
Suite, Apt. #, etc. Suite, Apt. #, etc		<u> </u>	08/21/1996 4. FEI Number	DE	
City & State	City & State			Applied For	
			13-3861543 Not Applicable  5. Date of Last Report 6. Certificate of Status Desired		
Zip Country	Zip	Country	,	58-75 Additional Fee Beguired	
7. Name and Address of Current Registered Agent		Name	8. Name and Address of New Re	egistered Agent	
THE PRENTICE-HALL CORPO	ι,				
1201 HAYS STREET TALLAHASSEE FL 32301	Street Address (	Street Address (P.O. Box Number Is Not Acceptable)			
·		Suite, Apt. #, etc	Suite, Apt. #, etc.		
		City	Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
IRegistered Agent Accepting and Title Managing Members/Manager	[Registered Agent Accopting Appointment] (NOTE: Registered Agent signature		required when reinstating)  ss Street Address City, State and Zip Code		
10. The Managing Members/Manager	5	DUSINESS SHEET AUDIESS	City	, State and Zip Code	
MGR SONY MUSIC PUB. DI	V., 550 MADI	, 550 MADISON AVENUE NEW YORK NY			
			300021 -02/13/ *****20	0869936 /9701067008 /3.75 ****203.75	
				2-12-97	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  Date  Date  Daylime Phone 4					

HSE10 R(12-96)

(212)833-808