

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

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY,
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JUL -7 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #M96000000487

SONY/ATV LATIN MUSIC PUBLISHING 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 through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

SAME

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

12/06/1996

3a. State of Formation

DE

4. FEI Number

13-3917009

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$6.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SONY/ATV MUSIC PUBLI,

550 MADISON AVENUE

NEW YORK NY

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****203.75 ****203.75

Handwritten signature and date: 7/11/97

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:

Handwritten signature of David H. Johnson

DAVID H JOHNSON 2/7/97
SR VP of MANAGER MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #