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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P00823** **(5)**

1. Corporation Name
POLYGRAM RECORDS, INC.

Principal Place of Business	Mailing Address
825 EIGHTH AVE **NEW YORK NY 10019**	**825 EIGHTH AVE** **NEW YORK NY 10019-7416**

3. Date Incorporated or Qualified: **02/03/1984**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **13-2613071** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	P		2.1 TITLE	VP	
NAME	KRONFELD, ERIC		2.2 NAME	William Feeny	
STREET ADDRESS	825 8TH AVENUE		2.3 STREET ADDRESS	825 8th Avenue	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	LOMENZO, MARGIE		2.2 NAME	William Feeny	
STREET ADDRESS	825 EIGHTH AVENUE		2.3 STREET ADDRESS	825 8th Avenue	
CITY-ST-ZIP	NEW YORK, NY 10019		2.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	S	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	ROTHBLUM, LISA S.				
STREET ADDRESS	50 E. 89TH ST.				
CITY-ST-ZIP	NEW YORK NY				
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	MURPHY, HELEN		4.2 NAME	Nat Annamalai	
STREET ADDRESS	222 RIVERSIDE DR		4.3 STREET ADDRESS	825 8th Avenue	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York,NY 10019	
TITLE	AS	☒ DELETE	5.1 TITLE	AS	☒ Change ☐ Addition
NAME	FALAGUERRA, MICHAEL		5.2 NAME	Art Angstreich	
STREET ADDRESS	825 8TH AVENUE		5.3 STREET ADDRESS	825 8th Avenue	
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	AS	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	SASSOON, DANIEL				
STREET ADDRESS	825 8TH AVENUE				
CITY-ST-ZIP	NEW YORK NY 10019				

CR2E034 (9/96)

14. 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 or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Art Angstreich Asst Secty 3/21/97 212-333-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004234