2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90071 018 ***150.00

DOCUMENT # P00823

1. Entity Name

POLYGRAM RECORDS, INC.

Principal Place of Business	Mailing Address
825 EIGHTH AVE NEW YORK NY 10019	800 THIRD AVE. C/O SEAGRAMS TAX DEPT. NEW YORK NY 10022-7604 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Universal City Plaza	PO Box 5023
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Universal City, CA	City & State: New York, NY 10150-5023
Zip: 91608 Country	Zip: Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOROWITZ, ZACHARY 70 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARCIA, SHARON 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRESTON, JOHN 375 PARK AVE NEW YORK NY 10052	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cherney, Pamela F 100 Universal City Plaza Universal City, CA 91608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD EPSTEIN, NORMAN 70 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hack, Bruce L 100 Universal City Plaza Universal City, CA 91608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD OSTROFF, MICHAEL 70 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Buscemi, Paul 800 Third Ave, 6th Floor New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISHER, JAMES R 800 THIRD AVE., 6TH FL NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2F034 (9/99)

13. I 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Buscemi REQUIRED Paul BUscemi 04/10/2000 (212) 572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #