

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 PH 2:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16835

1. Corporation Name

Sony Music Entertainment Inc.
550 Madison Avenue
New York, NY 10022

2. Principal Office Address
550 Madison Avenue

3. Mailing Office Address
c/o SCA Legal Dept

Suite, Apt. #, etc.

Suite, Apt. #, etc.
27th floor

City & State
New York, NY

City & State
New York, NY

Zip
10022

Country
USA

Zip
10022

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/17/87

5. FEI Number
13-3431958

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 95-06

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

500074882115

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date 5/19/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Steven E. Kober	550 Madison Avenue	New York, NY 10022
D/S	Nicole K. Seligman	550 Madison Avenue	New York, NY 10022
D	Norio Ohga	550 Madison Avenue	New York, NY 10022
D	Frank Stanton	550 Madison Avenue	New York, NY 10022
EVP	Robert Wiesenthal	550 Madison Avenue	New York, NY 10022
SVP/T	Mary Jo V. Green	555 Madison Avenue	New York, NY 10022

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Steven E. Kober

Steven E. Kober

5/16/06

212-833-6918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #