## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Manual C. Manual C. Manual C. SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P16835  1. Entity Name SONY MUSIC ENTERTAINMENT INC.						07 APR 25 PM 4: 57					
Principal Plac		Mailing Address					SECRETA	RY OF S	ALE .	FX	
550 MADISO New York, N		550 MADISON AVENUE, 27TH FLOOR C/O SCA LEGAL DEPT				8000日本高速車車					
NEW YORK, N			NY 10022 US			 	)(T <b>ið ð</b> ilei iðfað líkði bjíl í	BISIN BISIN FIRIN BIS	BII BIBIK BIB	601  #401	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04102007	Chg-P	CR2E034	(12/06)		
City & State		City & State				4. FEI Numbe			<del></del>	plied For	
Zip Country 10022		Zip	Countr				of Status Desired		.75 Add	litional	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Name and Address of Current F	Registered Agent	ered Agent			7. Name and Address of New					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					Name						
					Street Address (P.O. Box Number is Not Acceptable)						
	<b> ,</b> · ·										
		1		City				FL	Zip Code	9	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Meny Wheny											
Signature, typed or printed name of pogistered deem and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing											
10.	OFFICERS AND (	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFFIC	CERS AND DI	RECTORS	S IN 11	
TITLE NAME	DP KOBER, STEVEN	☐ Delete	TITLE					X	Change	☐ Addition	
STREET ADDRESS	550 MADISON AVE.			et address	550	Madison	Avenuc				
CITY-ST-ZIP	NEW YORK, NY 10019		CITY	-ST-ZIP	NEWYORK, NY 10022					_	
TITLE	DS NOMANI ANICOLE I	☐ Delete	TITLE			-		×	Change	☐ Addition	
NAME STREET ADDRESS	•		NAM STRE	E Et address	5501	Madison	Avenue				
CITY-ST-ZIP	NEW YORK, NY 10019			-ST-ZIP	NW York, NY 10022						
TITLE	D	☐ Delete	TITLE			•		(X	Change	Addition	
name Street address	OHGA, NORIO 550 MADISON AVE.		MAN	e Et address	550	madison	Avenue				
CITY-ST-ZIP	NEW YORK, NY 10019			-ST-ZIP			<b>ዛ (00</b> አኢ				
TITLE	D	<b>⊠</b> Delete	TITLE		SVP		•		Change	Addition	
NAME	STANTON, FRANK		NAM		Hall	oy, Karer	n On Avunu		•	<del></del>	
STREET ADDRESS CITY-ST-ZIP	550 MADISON AVE. NEW YORK, NY 10019			ET ADDRESS -St-Zip			100 E				
TITLE	EVP	☐ Delete	TITLE		10000	(0) ~,	- 1 100 3-3		Change	Addition	
NAME	WIESENTHAL, ROBERT	ocion	NAM	E	İ		_	<u> </u>	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	550 MADISON AVE.				-	Madison					
TITLE	NEW YORK, NY 10019 SVPT	☐ Delete	TITLE	-ST-ZIP	NW	York, N'	10032	K7	Change	Madition .	
NAME	GREEN, MARY JO V.	□ Delete	NAM					ı <u>x</u> .	t cuands	☐ Addition	
STREET ADDRESS	550 MADISON AVE.		STRE	ET ADDRESS		madison					
CITY-ST-ZIP	NEW YORK, NY 10019			-ST-ZIP		York, N					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											

APPROVEL

212-833-6918



ACCOUNT NO. : 072100000032

REFERENCE

4377650

AUTHORIZATION CASSELLE BOX

COST LIMIT

ORDER DATE: April 23, 2007

ORDER TIME : 10:31 AM

ORDER NO. : 864666-015

CUSTOMER NO: 4377650

ANNUAL REPORT FILING

NAME: SONY MUSIC ENTERTAINMENT INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER'S INITIALS: