


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90079 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32542

1. Corporation Name

GEFFEN RECORDS, INC.

Principal Place of Business

Mailing Address

70 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608

P.O. BOX 5023
NEW YORK NY 10150
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1991

4. FEI Number

95-4266328

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SV	<input type="checkbox"/> DELETE
NAME	RANDALL, KAREN	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROSENBLATT, ED	
STREET ADDRESS	9130 SUNSET BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WEITZMAN, HOWARD L.	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALKER, JAMES J.	
STREET ADDRESS	9130 SUNSET BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARCIA, SHARON	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSCEMI, PAUL	
STREET ADDRESS	800 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Paul Buscemi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Paul Buscemi Vice President

4/8/99 212-572-7000
Daytime Phone #

CR2E034 (11/98)