

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

FILED

Jan 27 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P33722** (0)

1. Corporation Name
CAPITOL RECORDS, INC.



| | |
|---|---|
| Principal Place of Business 1750 NORTH VINE STREET HOLLYWOOD CA 90028 | Mailing Address 10 DAVIS 2751 CENTERVILLE ROAD, STE.205 WILMINGTON DE 19808-1627 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/26/1991 | 3a. Date of Last Report 02/28/1996 |
| 4. FEI Number 95-1433120 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 29 |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1506, 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 _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--|---------------------------------|
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | GERSH, GARY | |
| STREET ADDRESS | 1750 NORTH VINE STREET | |
| CITY - ST - ZIP | HOLLYWOOD CA 90028 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FEINGOLD, SUSAN | |
| STREET ADDRESS | 1290 AVENUE OF THE AMERICAS, 42ND FLOOR | |
| CITY - ST - ZIP | NEW YORK NY 10104 | |
| TITLE | TVP | <input type="checkbox"/> DELETE |
| NAME | NEWHAM, ALAN | |
| STREET ADDRESS | 1290 AVENUE OF THE AMERICAS, 37TH FLOOR | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KOOPELMAN, CHARLES | |
| STREET ADDRESS | 1290 AVENUE OF THE AMERICAS, 42ND FLOOR | |
| CITY - ST - ZIP | NEW YORK NY 10104 | |
| TITLE | AVPT | <input type="checkbox"/> DELETE |
| NAME | BUNDSCHO, JOHN R | |
| STREET ADDRESS | 2751 CENTERVILLE ROAD, SUITE 205 | |
| CITY - ST - ZIP | WILMINGTON DE 19808 | |
| TITLE | VP/D | <input type="checkbox"/> DELETE |
| NAME | SANTISI, TERRI | |
| STREET ADDRESS | 1290 AVENUE OF THE AMERICAS, 42ND FLOOR | |
| CITY - ST - ZIP | NEW YORK NY 10104 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 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 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: **John R. Bundscho - AVP-Taxation** *John R. Bundscho* 01/06/97 302 633 5586

CR2E034 (9/96)