## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # P33722** May 19, 2000 8:00 am 1. Entity Name Secretary of State CAPITOL RECORDS, INC. 05-19-2000 90036 029 \*\*\*150.00 Principal Place of Business Mailing Address 2751 CENTERVILLE ROAD. SUITE 205 1750 NORTH VINE STREET WILMINGTON DE 19808-1627 HOLLYWOOD CA 90028 040004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 95-1433120 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition P/D ☐ Delete TITLE LOTT, ROY NAME NAME STREET ADDRESS STREET ADDRESS 1750 NORTH VINE STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD CA 90028 ☐ Addition ☐ Change ☐ Delete TITLE MCMULLEN, ALASDAIR NAME NAME STREET ADDRESS STREET ADDRESS 1290 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP NEW-YORK: MY\_10104\_\_\_ TVPD ☐ Change Addition ☐ Delete TITLE TITLE MORRIS, JUSTIN NAME NAME STREET ADDRESS STREET ADDRESS 1750 NORTH VINE ST CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD CA 90028** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BERRY, KEN STREET ADDRESS STREET ADDRESS 338 NORTH FOOTHILL ROAD CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90210** ☐ Change ☐ Addition AVPT ☐ Delete TITLE NAME MORRIS, STEPHEN E NAME STREET ADDRESS 2751 CENTERVILLE ROAD, SUITE 205 CITY-ST-7IP CITY-ST-ZIP **WILMINGTON DE 19808** Change ☐ Addition AS ☐ Delete TITLE TITLE FIELDS, MARI E NAME STREET ADDRESS STREET ADDRESS 2751 CENTERVILLE ROAD, SUITE 205 CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON DE 19808** 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: SEMENT STEPHEN E. MORRIS 4/18/00 302-633-5686