

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 08, 2000 8:00 am  
Secretary of State**

05-08-2000 90158 036 \*\*\*150.00

**DOCUMENT # P95000022080**

1. Entity Name

**INTERNATIONAL & REPUBLIC, INC.**

Principal Place of Business

Mailing Address

**6200 INTERNATIONAL DRIVE  
ORLANDO FL 32819****6200 INTERNATIONAL DRIVE  
ORLANDO FL 32819-8239**

2. Principal Place of Business

3. Mailing Address

**c/o Universal Music Group**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 5023**

City &amp; State

**City & State  
New York, NY**

4. FEI Number

**59-3311440**

Applied For

Not Applicable

Zip

Country

Zip

Country

**10150-5023**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACK, MICHAEL D  
6200 INTERNATIONAL DRIVE  
ORLANDO FL 32819-8239**

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAHRS, KENNETH L</b>	
STREET ADDRESS	<b>1723 MESA RIDGE AVENUE</b>	
CITY-ST-ZIP	<b>WESTLAKE VILLAGE CA 91362</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>100 Universal City Plaza</b>	
CITY-ST-ZIP	<b>Universal City, CA 91608</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RANDALL, KAREN</b>	
STREET ADDRESS	<b>106550 OAKDALE AVE</b>	
CITY-ST-ZIP	<b>CHATSWORTH CA 91311</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>100 Universal City Plaza</b>	
CITY-ST-ZIP	<b>Universal City, CA 91608</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUTMAN, WILLIAM A</b>	
STREET ADDRESS	<b>2512 PEACHWOOD PL</b>	
CITY-ST-ZIP	<b>WESTLAKE VILLAGE CA 91361</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Williams, Thomas L</b>	
STREET ADDRESS	<b>100 Universal City Plaza</b>	
CITY-ST-ZIP	<b>Universal City, CA 91608</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PALTAY, MARC</b>	
STREET ADDRESS	<b>312 LONGBRANCH ROAD</b>	
CITY-ST-ZIP	<b>SIMI VALLEY CA 93065</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Buseemi, Paul</b>	
STREET ADDRESS	<b>800 Third Ave, 6th Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORCORAN, MICHAEL E</b>	
STREET ADDRESS	<b>2972 HUTTON DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90210</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Conway, Kevin</b>	
STREET ADDRESS	<b>800 Third Ave, 6th Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	

TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, SHARON S</b>	
STREET ADDRESS	<b>1703 LA SENDA PLACE</b>	
CITY-ST-ZIP	<b>SOUTH PASADENA CA 90210</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garcia, Sharon S</b>	
STREET ADDRESS	<b>100 Universal City Plaza</b>	
CITY-ST-ZIP	<b>Universal City, CA 91608</b>	

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:****REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Paul Buscemi****04/19/2000**

Date

**(212) 572-7000**

Daytime Phone #

CR2E034 (9/99)