## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000004465

Entity Name: WARNER/CHAPPELL MUSIC, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
10585 SANTA MONICA BLVD. LOS ANGELES, CA 90025					
Current Mailing Address:			New Mailing Address:		
C/O PAUL F	FELLER PLAZA ROBINSON (, NY 10019	N US			
FEI Number:	13-3246913	FEI Number Applied For ( ) FEI Nur	nber Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324 US  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.					
SIGNATUR		Signature of Registered Agent		 Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () E BRONFMAN, EDG 75 ROCKEFELLE NEW YORK, NY	ER PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	
	DV () E ROBINSON, PAU 75 ROCKEFELLE NEW YORK, NY	ER PLAZA	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	C () E BLACKSTONE, R 75 ROCKEFELLE NEW YORK, NY	ER PLAZA	Title: Name: Address: City-St-Zip:	DVS (X) Change ( ) Addition JOHNSON, DAVID 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	
Title: Name: Address: City-St-Zip:	EVP () E MORGENSTERN 10585 SANTA MO LOS ANGELES, O	, JAY DNICA BLVD	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition BLACKSTONE, RICHARD 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	
Title: Name: Address: City-St-Zip:	EVP () D PIERSEN, EDWA 10585 SANTA MO LOS ANGELES, O	DNICA BLVD	Title: Name: Address: City-St-Zip:	VC (X) Change ( ) Addition THOMAS, NICK 10585 SANTA MONICA BLVD LOS ANGELES, CA 90025	
Title: Name: Address: City-St-Zip:	AT (X) [ SOLOMON, JAMI ONE TIME WARN NEW YORK, NY	IER CENTER	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ROBINSON DV 05/01/2006