

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004465

1. Corporation Name

WARNER/CHAPPELL MUSIC, INC.

Principal Place of Business

10585 SANTA MONICA BLVD.  
LOS ANGELES CA 90025

Mailing Address

C/O MARIE N WHITE  
75 ROCKEFELLER PLAZA  
NEW YORK NY 10019  
US

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90024 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

13-3246913

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

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

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code

33324

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

TITLE PD ☐ DELETE  
NAME BIDER, LESLIE  
STREET ADDRESS 10585 SANTA MONICA BLVD.  
CITY-ST-ZIP LOS ANGELES CA 90025

TITLE TD ☐ DELETE  
NAME GOLD, JEROME N  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10019

TITLE SD ☒ DELETE  
NAME WISTOW, FRED  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10019

TITLE SD ☒ DELETE  
NAME WHITE, MARIE N  
STREET ADDRESS 75 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10019

TITLE P ☐ DELETE  
NAME SHOEMAKER, RICK  
STREET ADDRESS 10585 SANTA MONICA BLVD  
CITY-ST-ZIP LOS ANGELES CA 90025

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☒ Change ☐ Addition  
1.2 NAME BIDER, LESLIE  
1.3 STREET ADDRESS 10585 SANTA MONICA BLVD.  
1.4 CITY-ST-ZIP LOS ANGELES, CA 90025

2.1 TITLE VTD ☒ Change ☐ Addition  
2.2 NAME GOLD, JEROME N  
2.3 STREET ADDRESS 75 ROCKEFELLER PLAZA  
2.4 CITY-ST-ZIP NEW YORK, NY 10019

3.1 TITLE AS ☐ Change ☒ Addition  
3.2 NAME WHITE, MARIE  
3.3 STREET ADDRESS 75 ROCKEFELLER PLAZA  
3.4 CITY-ST-ZIP NEW YORK, NY 10019

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME SEMEL, TERRY  
4.3 STREET ADDRESS 4000 WARNER BLVD.  
4.4 CITY-ST-ZIP BURBANK, CA 91522

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARIE N. WHITE, ASST. SECRETARY

Date

Daytime Phone #

3/11/99

(212) 484-7596

CR2E034 (1/1/98)