

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90045 047 ***150.00

042066

DOCUMENT # F95000004465

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O JANICE CANNON

City & State

City & State

NEW YORK, NY

Zip

Country

10019

USA

4. FEI Number

13-3246913

Applied For

Not Applicable

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

~~THE PRENTICE HALL CORPORATION SYSTEM INC
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301~~

CORRECTION:

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION, FL 33324**

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, 2001 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	CEOD	<input type="checkbox"/> Delete
NAME	BIDER, LESLIE	
STREET ADDRESS	10585 SANTA MONICA BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	GOLD, JEROME N	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WHITE, MARIE	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEMEL, TERRY	
STREET ADDRESS	4000 WARNER BLVD	
CITY-ST-ZIP	BURBANK CA 91522	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHOEMAKER, RICK	
STREET ADDRESS	10585 SANTA MONICA BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, HELEN	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NEW YORK 10019	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JANICE	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NEW YORK 10019	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID H.	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NEW YORK 10019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Janice Cannon

JANICE CANNON, ASST. SECY

04/30/01

Date

Daytime Phone #

CR2E034 (10/00)

547514



DO NOT WRITE IN THIS SPACE