



SUCCESSOR BMI PUBLISHER CONTACT INFORMATION FORM

This form is to be used to advise BMI as to the address of record of the publishing company that you inherited.

BMI requires that all publisher affiliates provide an official address of record for the publishing company. That address will become the referral address for persons who wish to contact the publisher about licensing its works and other inquiries. When a BMI publisher dies and leaves more than one heir, multiple successors must agree on the address since there can only be one address of record in BMI's files for each publisher. Also, every publisher may, but is not required to, have a contact address appear on BMI's website. That Web Address, as it is called, may either be the same as the address of record, or it may be a different address.

If one successor has a greater share of ownership than all others, BMI will use that successor's mailing address as the publishing company's address of record, unless we are advised otherwise in writing by that person. This form may be used to do so. If two or more successors have the largest equal shares, they must agree as to what the address of record will be. BMI will not update its records for payment of publisher royalties to those persons until they all agree as to what will be the publisher's address of record and advise BMI using this form.

BMI will not establish a Web Address for the company unless the addressee of record requests in writing for BMI to do so. This form may be used.

NAME OF YOUR BMI PUBLISHING COMPANY _____

IF YOU ARE THE ONLY OR LARGEST PERCENTAGE HEIR, STATE YOUR NAME _____

Do you want to use an address of record different than your address on your BMI agreement? No Yes

If Yes, what should the company's address of record be? _____

Do you want that address of record to be a Web Address also? Yes No

If No, do you want no Web address a different Web Address which is _____

Contact phone number _____ Contact Fax Number _____

Contact e-mail address _____

Your signature: _____

Today's Date: _____

IF YOU ARE ONE OF TWO OR MORE HEIRS WHO HAVE AN EQUAL PERCENTAGE OF OWNERSHIP LARGER THAN ANYONE ELSE'S, STATE YOUR NAME _____

What address of record for the company have you and the other equal heirs agreed upon? _____

(All of the largest equal percentage heirs also must indicate the above address on their signed copy of this form)

If the above address is yours, do you want that address of record to be a Web Address also? Yes No

If No, do you want no Web address a different Web Address which is _____

Contact phone number _____ Contact Fax Number _____

Contact e-mail address _____

Your signature: _____

Today's Date: _____