



PUBLISHER OWNERSHIP CHANGE FORM

Fee: \$200.00. Please include a check or money order with this form. Changes will not be made if payment is not received.

Please use this form to notify BMI of a change in the ownership of your BMI publishing company. If only the company name has changed please use the PUBLISHER NAME CHANGE FORM.

If both the name and ownership of your BMI publishing company are changing you will need to complete and return this form and the PUBLISHER NAME CHANGE FORM. If the forms are submitted together the fee is \$200. If the forms are submitted separately a \$200 fee will be required for each form.

Date: _____

Publishing Company Name: _____ **BMI account #:** _____

Business Address: _____

Phone: () _____ - _____ **Fax:** () _____ - _____

Email: _____ **Website:** _____

Do you wish to have your company contact information listed on bmi.com? Yes No

New Ownership Structure: *Please complete one section only A, B, C or D*

A. Individual Ownership/DBA

Full Legal Name of Owner: _____ *SSN* _____ - _____ - _____

Home Address _____

B. Partnership

TIN/EIN: _____

(Cannot be a Social Security Number)

List all Partners:

<i>Legal Name</i>	<i>Ownership %</i>	<i>Home Address</i>	<i>SSN/EIN</i>
_____	_____	_____	_____-_____-_____
_____	_____	_____	_____-_____-_____
_____	_____	_____	_____-_____-_____
_____	_____	_____	_____-_____-_____
_____	_____	_____	_____-_____-_____

C. Limited Liability Company (LLC)

IMPORTANT: *A copy of the Articles of Organization must be included with this form.*

TIN/EIN: _____ State of Organization: _____

List all Members:

<i>Legal Name</i>	<i>Ownership %</i>	<i>Home Address</i>	<i>SSN/EIN</i>
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____

If the LLC is member-managed (as authorized under the Articles of Organization), please list all managers:

<i>Legal Name</i>	<i>Home Address</i>	<i>SSN/EIN</i>	Are they authorized to sign agreements and otherwise act on behalf of the company?
_____	_____	____-____-____	_____
_____	_____	____-____-____	_____
_____	_____	____-____-____	_____
_____	_____	____-____-____	_____
_____	_____	____-____-____	_____

D. Corporation

IMPORTANT: *A copy of the Certificate of Incorporation must be included with this form*

TIN/EIN: _____ State of Incorporation: _____

List all Officers:

<i>Legal Name</i>	<i>Title</i>	<i>Home Address</i>	<i>SSN/EIN</i>
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____

List all Stockholders:

<i>Legal Name</i>	<i>Ownership %</i>	<i>Home Address</i>	<i>SSN/EIN</i>
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____

Authorized Signature: _____
(Signature of owner, partner, officer, or member/manager)

Name (please print): _____ Title: _____

Please return the completed form, the \$200 fee, and if applicable the additional documentation required for Corporations and LLC's to:

BMI
Publisher Administration
10 Music Square East
Nashville, TN 37203