

For Internal BMI Use Only

Received

Performing Rights
Administration



Performing Rights Administration

For Internal BMI Use Only

Entered Via Scope

By: _____

Verified: _____

PLEASE SUPPLY THE FOLLOWING INFORMATION

Date _____

EXACT COMPANY NAME: _____

If this is a new name, indicate former name _____
and enclose cashier's check, money order or personal check payable to BMI for \$75.00, the administrative fee for processing a change of publishing company name or for a change in ownership.

BUSINESS ADDRESS: _____
(include zip code and name of individual if essential to proper delivery of mail)

BUSINESS PHONE: _____
area code

Fax # _____ URL Web Site _____

COMPLETE ONE SECTION ONLY
A, B, C OR D

A. INDIVIDUALLY OWNED:

Full Name of Individual _____ Soc. Sec. No. _____

Home Address _____

Zip Code

B. PARTNERSHIP:

Fed. Tax Acct. No. _____
(If not available request form S.S. #4 from IRS)

List all Partners

FULL NAME

HOME ADDRESS

Soc. Sec. No.

**Pctg. of
Ownership**

Zip Code

Zip Code

Zip Code

C. FORMALLY ORGANIZED CORPORATION:
 Fed. Tax Acct. No. _____
 (If not available request form S.S. #4 from IRS)

Indicate State in which incorporated _____

List all Officers

FULL NAME	TITLE	HOME ADDRESS
_____	_____	_____
SS # _____		_____ Zip Code
_____	_____	_____
SS # _____		_____ Zip Code
_____	_____	_____
SS # _____		_____ Zip Code

List all Stockholders

FULL NAME	HOME ADDRESS	Pctg. of Ownership
_____	_____	_____
SS # _____	_____ Zip Code	_____
_____	_____	_____
SS # _____	_____ Zip Code	_____
_____	_____	_____
SS # _____	_____ Zip Code	_____

D. FORMALLY ORGANIZED LIMITED LIABILITY COMPANY:

(Complete only if company is now in existence)

List All Members. (If more than four, attach extra sheet)

Name	Home Address & Zip Code	Soc. Sec. No. or Fed. Tax Acct. No.	Percentage Of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Manager(s) Authorized Under Articles of Organization, If Any

Name	Home Address & Zip Code	Soc. Sec. No. or Fed. Tax Acct. No.	Does he/she have authority to sign agreements and otherwise act on behalf of company?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If new corporate name is indicated on page 1, check one:

Old corporation or Limited Liability Company
has changed its name

**(Copy of Certificate of Change of Name filed with
Secretary of State must be attached)**

New corporation or Limited Liability Company
has been formed

**(Copy of Certificate of Incorporation or Articles of
Organization for LLC's filed with Secretary of State
must be attached)**

PLEASE SIGN AND RETURN (WITH \$75.00 FEE FOR CHANGING PUBLISHING CO. NAME OR CHANGE IN OWNERSHIP)

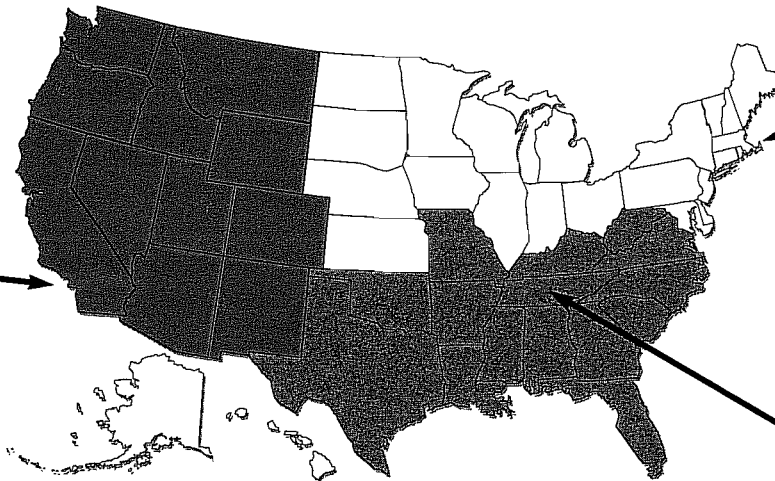
Signature of owner, partner, or member/manager

TITLE

(Please print name of person signing)

BMI Administrative Territories

BMI
Publisher Administration
8730 Sunset Blvd.
3rd Floor West
Los Angeles, CA 90069
310-659-9109

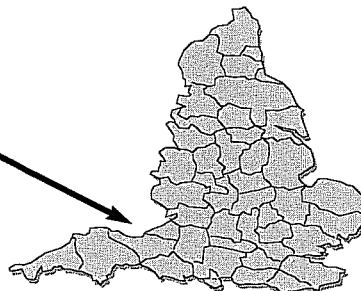


BMI*
Publisher Administration
320 West 57th Street
New York, NY 10019
212-586-2000

*Territory includes Alaska,
Hawaii, Puerto Rico, the U.S.
Virgin Islands, American Samoa
and Guam

BMI
Publisher Administration
10 Music Square East
Nashville, TN 37203
615-401-2000

BMI
Publisher Administration
84 Harley House
Marylebone Road
London NW1 5HN
01144171 486-2036



**PLEASE RETURN THIS DOCUMENT TO THE BMI OFFICE RESPONSIBLE FOR YOUR STATE
ATTENTION: PUBLISHER ADMINISTRATION**