



INSTRUCTIONS FOR COMPLETING THE PUBLISHER CHANGE OF NAME FORM

- Please provide your new name choice on the first line of the form (“Exact Company Name”). Since this name may not be available, it is helpful to provide several additional name choices, listed in order of preference. Please attach a separate sheet to list your additional name choices.
- List the current name of your company on the second line of the form.
- Proceed to the address section and indicate the address, phone, fax, email, and, if applicable, URL that should be listed on our records.
- Complete Section A, B, C or D with the ownership information for your company.
- Please sign the form where indicated and print your name under your signature.
- Also complete and return the following:
 - Form W-9. Available from the IRS at <http://www.irs.gov/>.
 - A check or money order, payable to BMI, in the amount of \$75.
- Return the Publisher Change of Name Form, Form W-9, and the \$75 administration fee to:

Publisher Administration
10 Music Square East
Nashville TN 37203.

- If you only have one choice for your new name and do not want to make a change if that name is not available, please state this in a note or letter when you submit the form. If your choice is not available, we will return the \$75 fee.

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**