

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90008 015 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **829297**

1. Corporation Name  
**WARNER-ELEKTRA-ATLANTIC CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**111 NORTH HOLLYWOOD WAY  
 BURBANK CA 91505**

Mailing Address  
**111 NORTH HOLLYWOOD WAY  
 BURBANK CA 91505**

3. Date Incorporated or Qualified  
**01/09/1973**

4. FEI Number  
**13-6170726**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	NEWNHAM, PAUL A	
STREET ADDRESS	111 NORTH HOLLYWOOD WAY	
CITY-ST-ZIP	BURBANK CA 91505	
TITLE	SVPF	<input type="checkbox"/> DELETE
NAME	BRESSLER, RICHARD J	
STREET ADDRESS	75 ROCKFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	MOUNT, DAVID	
STREET ADDRESS	111 NORTH HOLLYWOOD WAY	
CITY-ST-ZIP	BURBANK CA 91505	
TITLE	VPMS	<input type="checkbox"/> DELETE
NAME	ROSSI, GEORGE	
STREET ADDRESS	111 NORTH HOLLYWOOD WAY	
CITY-ST-ZIP	BURBANK CA 91505	
TITLE	EVPT	<input type="checkbox"/> DELETE
NAME	HENDLER, DAVID	
STREET ADDRESS	111 NORTH HOLLYWOOD WAY	
CITY-ST-ZIP	BURBANK CA 91505	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WISTOW, FRED	
STREET ADDRESS	75 ROCKFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED. THERRIED 4/5/99 (818) 954-1179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #