

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006872

FILED
Apr 18, 2012
Secretary of State

Entity Name: TIME WARNER INC.

Current Principal Place of Business:

ONE TIME WARNER CENTER
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

ONE TIME WARNER CENTER
C/O JANICE CANNON, 14TH FLOOR LEGAL
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 13-4099534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: BEWKES, JEFFREY L
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: CFAO
Name: MARTIN, JOHN K
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: EVP
Name: CAPPUCCIO, PAUL T
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: SVPS
Name: WASHINGTON, PAUL F
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: SVP
Name: KARICKHOFF, BRENDA C
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: SVP
Name: PHILLIPS, DOUGLAS S
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRENDA C. KARICKHOFF

SVP

04/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date