

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 829297

**Entity Name:** WARNER-ELEKTRA-ATLANTIC CORPORATION

**Current Principal Place of Business:**

C/O PAUL ROBINSON  
1633 BROADWAY  
NEW YORK, NY 10019

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC5872391870**

**Current Mailing Address:**

C/O PAUL ROBINSON  
1633 BROADWAY  
NEW YORK, NY 10019 US

**FEI Number: 13-6170726**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            D  
Name            WIESENTHAL, ROB  
Address        1633 BROADWAY  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            LEVIN, ERIC  
Address        1633 BROADWAY  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            ROBINSON, PAUL  
Address        C/O PAUL ROBINSON  
                  1633 BROADWAY  
City-State-Zip: NEW YORK NY 10019

Title            PRESIDENT  
Name            SIGNORE, MATT  
Address        1633 BROADWAY  
City-State-Zip: NEW YORK NY 10019

Title            SECRETARY  
Name            ROBINSON, PAUL  
Address        1633 BROADWAY  
City-State-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: PAUL ROBINSON**

**SECRETARY**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date