2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001134

Entity Name: WBTV DISTRIBUTION INC.

Current Principal Place of Business:

4000 WARNER BOULEVARD BURBANK. CA 91522

Current Mailing Address:

4000 WARNER BOULEVARD BURBANK, CA 91522 US

FEI Number: 51-0379532 Certificate of Status Desired: Yes

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

FILED Apr 26, 2018

Secretary of State

CC3829265495

Officer/Director Detail:

Title D/P/S Title D/T

Name ROGOVIN, JOHN A Name WILLIAMS, KIM

Address 4000 WARNER BOULEVARD Address 4000 WARNER BLVD.
City-State-Zip: BURBANK CA 91522 City-State-Zip: BURBANK CA 91522

Title SVP Title AT

Name KARICKHOFF, BRENDA C Name SCHOTT, ERIC

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title AS Title AS

Name CANNON, JANICE Name WEINBERGER, DANIEL

Address ONE TIME WARNER CENTER Address 4000 WARNER BOULEVARD

City-State-Zip: NEW YORK NY 10019 City-State-Zip: BURBANK CA 91522

Title VP Title SVP

Name KINNEY, JOHN E Name PHILLIPS, DOUGLAS S

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

LEGAL DEPT City-State-Zip: NEW YORK NY 10019

City-State-Zip: NEW YORK NY 10019

Continues on page 2

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: JANICE CANNON ASST. SECRETARY 04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Address

SVP Title Title SVP

Name CUMMINGS, JAMES Name KAMBOUR, ANNALIESE S.

ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER Address

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title SVP Title SVP/AT

Name KARICKHOFF, BRENDA C. Name RUGGIERO, EDWARD B. Address ONE TIME WARNER CENTER ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019