


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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90024 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840666

1. Corporation Name
AMERICAN TELEVISION AND COMMUNICATIONS CORPORATION



Principal Place of Business 300 FIRST STAMFORD PLACE STAMFORD CT 06902	Mailing Address 75 ROCKEFELLER PLAZA % MARIE WHITE NEW YORK NY 10019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 290 HARBOR DRIVE Suite, Apt. #, etc. 22		2a. Mailing Address c/o MARIE WHITE 26 75 ROCKEFELLER PLAZA Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/17/1978	
23 STAMFORD, CT 06902 City & State		28 NEW YORK, NY 10019 City & State		4. FEI Number 13-2922502 Applied For Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, GERALD M	1.2 NAME	LEVIN, GERALD M
STREET ADDRESS	1271 AVE OF THE AMERICAS	1.3 STREET ADDRESS	75 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK NY 10020	1.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	EVPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, RICHARD D	2.2 NAME	WHITE, MARIE N
STREET ADDRESS	75 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	75 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK NY 10019	2.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PARSONS, RICHARD D	3.2 NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESSLER, RICHARD J	4.2 NAME	BRESSLER, RICHARD J
STREET ADDRESS	75 ROCKEFELLER PLAZA	4.3 STREET ADDRESS	75 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK NY 10019	4.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOUR, DONALD B	5.2 NAME	ARMOUR, DONALD B
STREET ADDRESS	300 FIRST STAMFORD PLACE	5.3 STREET ADDRESS	290 HARBOR DRIVE
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	STAMFORD CT 06902
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOSEPH J	6.2 NAME	COLLINS, JOSEPH J
STREET ADDRESS	300 FIRST STAMFORD PLACE	6.3 STREET ADDRESS	290 HARBOR DRIVE
CITY-ST-ZIP	STAMFORD CT 06902	6.4 CITY-ST-ZIP	STAMFORD, CT 06902

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: MARIE N. WHITE 3/11/99 (212) 484-7596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 MARIE N. WHITE, ASST. SECRETARY

CR2E034 (11/98)