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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90024 003 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1978

4. FEI Number

13-2922502

Applied For

Not Applicable

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

21 290 HARBOR DRIVE

Suite, Apt. #, etc.

22 City & State

23 STAMFORD, CT 06902

Zip Country

24 25

2a. Mailing Address c/o MARIE WHITE

26 75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

27 City & State

28 NEW YORK, NY 10019

Zip Country

29 30

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LEVIN, GERALD M
STREET ADDRESS 1271 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☒ DELETE

NAME EVPD
PARSONS, RICHARD D
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME DP
PARSONS, RICHARD D
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME SVP
BRESSLER, RICHARD J
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME T
ARMOUR, DONALD B
STREET ADDRESS 300 FIRST STAMFORD PLACE
CITY-ST-ZIP STAMFORD CT 06902

TITLE ☐ DELETE

NAME VP
COLLINS, JOSEPH J
STREET ADDRESS 300 FIRST STAMFORD PLACE
CITY-ST-ZIP STAMFORD CT 06902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LEVIN, GERALD M
1.3 STREET ADDRESS 75 ROCKEFELLER PLAZA
1.4 CITY-ST-ZIP NEW YORK, NY 10019

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME WHITE, MARIE NED J
2.3 STREET ADDRESS 75 ROCKEFELLER PLAZA
2.4 CITY-ST-ZIP NEW YORK, NY 10019

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SVD
BRESSLER, RICHARD J
4.3 STREET ADDRESS 75 ROCKEFELLER PLAZA
4.4 CITY-ST-ZIP NEW YORK, NY 10019

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME T
ARMOUR, DONALD B
5.3 STREET ADDRESS 290 HARBOR DRIVE
5.4 CITY-ST-ZIP STAMFORD CT 06902

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME VP
COLLINS, JOSEPH J
6.3 STREET ADDRESS 290 HARBOR DRIVE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE N. WHITE, ASST. SECRETARY

Date

Daytime Phone #

3/11/99

(212) 484-7596

CR2E034 (11/98)