2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # 840666 1. Entity Name AMERICAN TELEVISION AND COMMUNICATIONS CORPORATI 5-04-2001 90045 046 ***150.00 Principal Place of Business Mailing Address 290 HARBOR DR 75 ROCKEFELLER PLAZA STAMFORD CT 06902 % MARIE WHITE 547515 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address 75 ROCKEFELLER PLAZA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C/O JANICE CANNON City & State City & State 4. FEI Number Applied For 13-2922502 NEW YORK, NY Not Applicable Country USA Zip Country \$8.75 Additional Í0019 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 🔽 Change ■ Addition TITLE CD ☐ Delete TITLE DCEO NAME NAME LEVIN, GERALD M LEVIN, GERALD M STREET ADDRESS STREET ADDRESS 75 ROCKEFELLAR PLAZA 75 ROCKEFELLER PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 NEW YORK, NEW YORK 10019 X Delete [X] Change NAME NAME CANNON, JANICE WHITE, MARIE N STREET ADDRESS STREET ADDRESS 75 ROCKEFELLER PLAZA 75 ROCKEFELLER PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 NEW YORK, NEW YORK 10019 Change ☐ Addition ☐ Delete TITLE DCOO 1 NAME NAME PARSONS, RICHARD D PARSONS, RICHARD D STREET ADDRESS STREET ADDRESS 75 ROOCKEFELLER PLAZA 75 ROCKEFELLER PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 NEW YORK, NEW YORK 10019 TITLE SVD Delete TITLE Change Addition DC00 NAME BRESSLER, RICHARD J NAME PITTMAN, ROBERT W STREET ADDRESS STREET ADDRESS 75 ROCKEFELLER PLAZA 75 ROCKEFELLER PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 NEW YORK, NEW YORK 10019 TITLE Delete TITLE ☐ Change Addition Т ARMOUR, DONALD B NAME NAME HARRIS; TOMMY J STREET ADDRESS STREET ADDRESS 290 HARBOR DR 290 HARBOR DRIVE CITY-ST-7IP CITY-ST-ZIP STAMFORD CT 06902 STAMFORD, CONNNECTICUT 06902 TITLE Delete TITLE Change ☐ Addition NAME COLLINS, JOSEPH J NAME STREET ADDRESS 290 HARBOR DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP STAMFORD CT 06902

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

- JANICE CANNON, ASST. SECY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Daytime Phone #