



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 029 ***158.75

DOCUMENT # 840666 1. Entity Name AMERICAN TELEVISION AND COMMUNICATIONS CORPORATION					
Principal Place of Business ONE TIME WARNER CENTER 14TH FLOOR NEW YORK, NY 10019 US			Mailing Address % JANICE CANNON ONE TIME WARNER CENTER, 14TH FL NEW YORK, NY 10019 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50018769 	
City & State Zip		City & State Zip		4. FEI Number 13-2922502 Applied For <input type="checkbox"/> Not Applicable	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV BARGE, JAMES W ONE TIME WARNER CENTER, 14TH FL NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVPC BARGE, JAMES W ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBCEO PARSONS, RICHARD D ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB PARSONS, RICHARD D ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBCEO PARSONS, RICHARD D ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPPUCCIO, PAUL ONE TIME WARNER CENTER, 14TH FL NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVPC CAPPUCCIO PAUL T ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYS, SPENCER B ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Janice Cannon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JANICE CANNON 4/25/2006 212-484-6503 Date Daytime Phone #		