

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90036 038 \*\*\*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**

4044



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

13-2922502

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSVPC  
BARGE, JAMES W.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
CANNON, JANICE  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DEVPC  
CAPPUCCIO, PAUL T.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COB  
PARSONS, RICHARD D  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSVPT  
MURPHY, RAYMOND G.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
CAPPUCCIO, PAUL  
ONE TIME WARNER CENTER, 14TH FL  
NEW YORK, NY 10019 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOCOB  
PARSONS, RICHARD D.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SOLOMON, JAMES M  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
CANNON, JANICE  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
SOLOMON, JAMES M  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PHILLIPS, DOUGLAS S.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019 ☒ Change ☒ 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:

*Janice Cannon*

JANICE CANNON, ASSISTANT SECRETARY

4/30/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #