2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

840666 DOCUMENT #

1. Entity Name



Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90098 009 ***150.00

FILED

AMERICAN TELEVISION AND COMMUNICATIONS CORPORATION													
Principal Place 290 HARBOR STAMFORD C	DR	s	Mailing Address * JANICE CANNON 75 ROCKEFELLER PLAZA NEW YORK NY 10019 US				ļ						
2. Principal F	Place of Busin	ness		3. Mailing Address									
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State				•	12,0000500			plied For t Applicable]	
Zip .	Country			ip Cour		5. (5. Certi	ficate of Status Desired		8.75 Add ee Require		
	6. Name	and Address of Current	t Registere	gistered Agent			7. Name and Address of New Registered Agent						
		Name							ł				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.						Street Address (P.O. Box Number is Not Acceptable)						1	
PLANTATION FL 33324													1
, 50, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1							FL Zip Code			 e	1		
	named entit tions of regist		or the purp	ose of changing its re	gistered	office or	registered	agent,	or both, in the State of Flor	ida. I am fa	miliar with,	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent	t and title if app	licable. (NOTE: F	Registered A	gent signati	re required who	en reinstati	ing)	DATE			
		! FEE IS \$150.00 03 Fee will be \$550.00							9. Election Campaign Fina		\$5.0	0 May Be	1
		o Florida Department o						}	Trust Fund Contribution	. 🗆	Added	to Fees	
10. OFFICERS AND			D DIRECTORS 11.			ADDITIONS/CH			ONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	1
TITLE	DCEO			IX Delete	TITLE		DC				Change	X Addition	1
NAME	LEVIN, GE				NAME		-		EFFREY L.			[]	
STREET ADDRESS 75 ROCKEFELLAR PLAZA						ADDRESS		75 ROCKEFELLER PLAZA				1	
CITY-ST-ZIP		K NY 10019	 -		CITY-S1	I-ZIP	NEW Y	ORK.	NY 10019		C7.01		Įį
TITLE NAME	AS	IANIOP		Delete	TITLE NAME						Change	Addition	1
STREET ADDRESS	CANNON,	JANICE FELLER PLAZA			1	ADDRESS							l
CITY-ST-ZIP		K NY 10019			CITY-S1	- ZIP							
TITLE	DCOO			☑ Delete	TITLE		DCEO				X Change		1
NAME	PARSONS, RICHARD D				NAME		PARSO	ARSONS, RICHARD D.					}
STREET ADDRESS CITY-ST-ZIP	75 ROOCKEFELLER PLAZA				ADDRESS		75 ROCKEFELLER PLAZA					\	
	NEW YORK NY 10019			(17)	CITY-ST-ZIP			ORK.,	NY 10019		DVA Observe	FST A Land	{
TITLE NAME	DC00	DODEDT W		XX Delete	TITLE NAME		DC LOGAN	no	N		X Change	X Addition	ļ
STREET ADDRESS 75 ROCKEFELLER PLAZA						ADDRESS		OGAN, DON 5 ROCKEFELLER PLAZA					ĺ
CITY-ST-ZIP NEW YORK NY 10019				DITY OT ZIO			V YORK, NY 10019						
TITLE	SVP			☐ Delete	TITLE	_	_ A1				Change	Addition	Ì
NAME	HAYS, SPI	ENCER B			NAME								
STREET ADDRESS	75 ROCKE	FELLER PLAZA				ADDRESS							
CITY-ST-ZIP		K NY 10019	<u> </u>		CITY-ST	-ZIP							-
TITLE	AT	1 1444PA L*		☐ Delete	TITLE					١	Change	☐ Addition	}
NAME STREET ADDRESS		i, James M Feller plaza			NAME STREET	ADDRESS							

12. 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 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:

NEW YORK NY 10019

JANICE CANNON

4/25/03 212-484-6503

Daytime Phone #