

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000354

1. Entity Name

TW SERVICE HOLDING I, LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

75 ROCKEFELLER PLAZA
NEW YORK NY 10019

75 ROCKEFELLER PLAZA
% MARIE WHITE
NEW YORK NY 10019

FILED

01 MAY -4 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.
C/O JANICE CANNON

City & State

City & State
NEW YORK, NY

4. FEI Number

13-3728152

Applied For

Not Applicable

Zip

Country

Zip

Country

10019

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 840666
NAME AMERICAN TELEVISION & COMMUNICATIONS CORP.
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F95000003270
NAME WARNER COMMUNICATIONS INC.
STREET ADDRESS 75 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10019

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Susan A. Waxenberg* WAXENBERG, VP & SEC 04/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #