

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005103 AT

**DOCUMENT # B95000000354**

1. Entity Name

**TW SERVICE HOLDING I, LIMITED PARTNERSHIP**

**FILED**

**02 MAY -2 PM 2: 25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**75 ROCKEFELLER PLAZA  
NEW YORK NY 10019**

Mailing Address

**75 ROCKEFELLER PLAZA  
C/O JANICE CANNON  
NEW YORK NY 10019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**13-3728152**

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**

**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.

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 **900005555369--8**  
CITY-ST-ZIP **05/16/02 01067 000  
\*\*\*150.00 \*\*\*150.00**

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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:** *Janice Cannon* **JANICE CANNON, ASST. SECY FOR** **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ATC & WCI

Date

Daytime Phone #

CR2E003 (9/01)