

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
'1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 10 PM 12:33

1. Name of Limited Partnership

**1a. DOCUMENT #
B95000000355**

TW SERVICE HOLDING II, LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

**75 ROCKEFELLER PLAZA
% MARIE WHITE
NEW YORK NY 10019**

**75 ROCKEFELLER PLAZA
NEW YORK NY 10019**

3. Date Formed or Registered

10/10/1995

**5a. Capital Contributions as
Shown on record.**

\$0.00

3a. Date of Last Report

12/20/1996

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

13-3728153

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**NRAI Services, Inc.
526 E. Park Avenue
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

700002488187-- 5

Suite, Apt. #, etc.

-04/14/98 --01057--019

City

******141.25 ****141.25**

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Sally B. Young

DATE

4/10/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

11b. City, State & Zip Code

**11c. Registration/
Document Number**

AMERICAN TELEVISION & COMMUN

75 ROCKEFELLER PLAZA

NEW YORK NY 10019

840866

TIME WARNER OPERATIONS INC.

75 ROCKEFELLER PLAZA

NEW YORK NY 10019

P39856

WARNER CABLE COMMUNICATIONS

75 ROCKEFELLER PLAZA

NEW YORK NY 10019

P09839

WARNER COMMUNICATIONS INC.

75 ROCKEFELLER PLAZA

NEW YORK NY 10019

F95000003270

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]
American Television and Communications Corporation, a General Partner
of Time Warner Entertainment Company, Inc. President

DATE

3/13/98

Typed or Printed Name of General Partner

Residence Telephone Number (212) 484-8000

CR2E003 (12/97)