

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000355			
1. Entity Name TW SERVICE HOLDING II, LIMITED PARTNERSHIP			
Principal Place of Business 75 ROCKEFELLER PLAZA NEW YORK NY 10019		Mailing Address 75 ROCKEFELLER PLAZA % MARIE WHITE NEW YORK NY 10019-6908	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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 # NAME STREET ADDRESS CITY - ST - ZIP	840666 AMERICAN TELEVISION & COMMUNICATIONS CORP. 75 ROCKEFELLER PLAZA NEW YORK NY 10019	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F95000003270 WARNER COMMUNICATIONS INC. 75 ROCKEFELLER PLAZA NEW YORK NY 10019	STREET ADDRESS CITY - ST - ZIP	
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FILED
00 MAY 15 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CF 15003 (9/99)

SIGNATURE:

MARIE N. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/11/00 (114) 484-7596
Date Daytime Phone #

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