

2001 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		75 ROCKEFELLER PLAZA	
City & State		C/O JANICE CANNON	
Zip		City & State	
Country		NEW YORK, NY	
Zip		Country	
10019		USA	

FILED
01 MAY -4 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 _____

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
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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	STREET ADDRESS	
NAME	AMERICAN TELEVISION & COMMUNICATIONS CORP.	CITY - ST - ZIP	
STREET ADDRESS	75 ROCKEFELLER PLAZA		
CITY - ST - ZIP	NEW YORK NY 10019		
DOCUMENT #	F95000003270	STREET ADDRESS	
NAME	WARNER COMMUNICATIONS INC.	CITY - ST - ZIP	
STREET ADDRESS	75 ROCKEFELLER PLAZA		
CITY - ST - ZIP	NEW YORK NY 10019		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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: SUSANA WAXENBERG, VP & SEC 04/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #