

2002 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
C/O JANICE CANNON
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

13-3728153

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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:

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)

0005083 AT