2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

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1. Entity Name TIME WARNER INC. 40026233 Principal Place of Business Mailing Address % JANICE CANNON, ONE TIME WARNER CTR. ONE TIME WARNER CENTER 14TH FLR., LEGAL DEPT. NEW YORK, NY 10019 NEW YORK, NY 10019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01182008 Applied For City & State 4. FEI Number City & State 13-4099534 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE Change Addition ☐ Delete TITLE Bewkes, Jeffery L. BEWKES, JEFFREY L NAME NAME One Time Warner Center STREET ADDRESS ONE TIME WARNER CENTER STREET ADDRESS New York, NY 10019 NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP EVPC **EVPC** Delete Change XXI Addition TITLE Martin, John K. PACE WAYNE H NAME One Time Warner Center ONE TIME WARNER CENTER STREET ADDRESS STREET ADDRESS New York NY 10019 CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP **EVPG** ☐ Change ■ Addition TITLE ☐ Delete TITLE CAPPUCCIO, PAUL T NAME STREET ADDRESS ONE TIME WARNER CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10019 D - Chairman of the Board ☐ Delete Change ☐ Addition DCFO TITLE Parsons, Richard D. PARSONS, RICHARD D NAME NAME One Time Warner Cemter STREET ADDRESS STREET ADDRESS ONE TIME WARNER CENTER New York, NY 10019 CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10019 Change Addition TITLE ☐ Delete TITLE Marickhoff, Brenda C. PHILLIPS, DOUGLAS S NAME NAME One Time Warner Center STREET ADDRESS ONE TIME WARNER CENTER STREET ADDRESS New York, NY 10019 CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

AVIVA, WILL W

ONE TIME WARNER CENTER

NEW YORK, NY 10019

TITLE

NAME

STREET ADDRESS

Brenda C. Karickhoff