

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -5 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004737

1. Entity Name
ASCENT MEDIA NETWORK SERVICES, INC.



Principal Place of Business
520 BROADWAY, 5TH FLOOR
SANTA MONICA, CA 90401

Mailing Address
520 BROADWAY, 5TH FLOOR
SANTA MONICA, CA 90401



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4833102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah D. Skipper*

Deborah D. Skipper
Asst. V. Pres

2/5/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BENNETT, ROBERT R
STREET ADDRESS 520 BROADWAY, 5TH FLOOR
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE DP
NAME FITZGERALD, WILLIAM R
STREET ADDRESS 520 BROADWAY, 5TH FLOOR
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE VS
NAME NILES, WILLIAM E
STREET ADDRESS 520 BROADWAY, 5TH FLOOR
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE VT
NAME PLATISA, GEORGE C
STREET ADDRESS 520 BROADWAY, 5TH FLOOR
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE CTO
NAME SCHUTZ, GAVIN W
STREET ADDRESS 520 BROADWAY, 5TH FLOOR
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE VP
NAME SINGH, JAY
STREET ADDRESS 520 BROADWAY, 5TH FLOOR
CITY-ST-ZIP SANTA MONICA, CA 90401

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03/05/04--01030--014 **150.00

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IN THIS SPACE**

12. 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 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.

SIGNATURE:

William E. Niles
VP & Secretary

1-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #