

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90252 031 \*\*\*158.75

**DOCUMENT # F03000001007**

1. Entity Name  
**WARNER BROS. INTERNATIONAL TELEVISION  
DISTRIBUTION, INC.**



Principal Place of Business  
**4000 WEST ALAMEDA BLVD., SUITE 3052  
BURBANK, CA 91522**

Mailing Address  
**4000 WEST ALAMEDA BLVD., SUITE 3052  
BURBANK, CA 91522**

**50018767**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**52-2325378**

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. I 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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SCHLESINGER, JEFFREY  
STREET ADDRESS 4000 WEST ALAMEDA BLVD., SUITE 3052  
CITY-ST-ZIP BURBANK, CA 91505

TITLE D ☒ Delete  
NAME MEYER, BARRY M  
STREET ADDRESS 4000 WEST ALAMEDA BLVD., SUITE 3052  
CITY-ST-ZIP BURBANK, CA 91505

TITLE D ☐ Delete  
NAME ROSENBLUM, BRUCE  
STREET ADDRESS 4000 WEST ALAMEDA BLVD., SUITE 3052  
CITY-ST-ZIP BURBANK, CA 91505

TITLE AS ☒ Delete  
NAME HAYS, SPENCER  
STREET ADDRESS ONE TIME WARNER CENTER  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE AT ☐ Delete  
NAME KAMBOUR, ANNALIESE S  
STREET ADDRESS ONE TIME WARNER CENTER  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME MIELE, RONALD W  
STREET ADDRESS 4000 WEST ALAMEDA BLVD, SUITE 3052  
CITY-ST-ZIP BURBANK, CA 91505

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Change ☐ Addition  
NAME SPENCER, JULIE  
STREET ADDRESS 4000 WARNER BOULEVARD  
CITY-ST-ZIP BURBANK, CA 91522

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME SOLOMON, JAMES M  
STREET ADDRESS ONE TIME WARNER CENTER  
CITY-ST-ZIP NEW YORK, NY 10019

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**

*James M. Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES M. SOLOMON**

**4/26/2006**

Date

Daytime Phone #