

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-15-2008 90016 017 ***158.75

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1. Entity Name
WARNER BROS. HOME ENTERTAINMENT INC.



Principal Place of Business
**4000 WARNER BLVD.
BURBANK, CA 91522**

Mailing Address
**ONE TIME WARNER CENTER
14TH FL.
NEW YORK, NY 10019**

40026234



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1045022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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 _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TSUJIHARA, KEVIN 4000 WARNER BLVD BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROMANO, EDWARD A 4000 WARNER BLVD. BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KARICKLOFF, BRENDA C ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMANO, EDWARD A 4000 WARNER BLVD. BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, JULIE F 4000 WARNER BOULEVARD BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHULMAN, JOHN A 4000 WARNER BLVD. BURBANK, CA 91522

**DO NOT WRITE
IN THIS SPACE**

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: *Brenda C. Karickhoff* **BRENDA C. KARICKHOFF** *Feb. 11, 2008* **212-484-6576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #