2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90034 043 ***158.75

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1. Entity Name
WARNER BROS. LATIN AMERICA ADVERTISING SERVICES INC.

Principal Place of Business	Mailing Address
1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036	1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	ONE TIME WARNER CENTER
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o JANICE CANNON, LEGAL DEPT
City & State	City & State NEW YORK, NY
Zip / Country	Zip / Country 10019 / USA

4. FEI Number
20-1042958
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C NELSON, WILLIAM C 1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS SCHULMAN, JOHN A. 4000 WARNER BOULEVARD BURBANK, CA 91522	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPS AKSELRAD, HAROLD E 1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AXELROD, ALAN ONE TIME WARNER CENTER NEW YORK, NY 10019	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPT ROTH, ROBERT S 1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT ROMANO, EDWARD A. 4000 WARNER BOULEVARD BURBANK, CA 91522	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP WOODBURY, THOMAS M 1100 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP KAMBOUR, ANNALIESE S. ONE TIME WARNER CENTER NEW YORK, NY 10019	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MURPHY, RAYMOND G ONE TIME WARNER CENTER NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPAT MURPHY, RAYMOND G. ONE TIME WARNER CENTER NEWYORK, NY 10019	☒ Change ☐ Addition

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: _____ JANICE CANNON, ASST SECRETARY 4/30/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #