SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003270

WARNER COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

75 ROCKEFELLER PLAZA NEW YORK NY 10019 75 ROCKEFELLER PLAZA NEW YORK NY 10019

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90001 025 ***550.00

=

688828°- 90801 - 25 °

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

						07/07/1995				
2. Principal P	lace of Business	2a. Mailing Address			-, -, -	4. FEI Number Applied For				
21		26			*	13-2696809	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	e		City & State			6. Election Campaign Financing \$	5 00	May Be	1	
23	•		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year			1	
24	25	— · ·	30			Intangible Personal Property. Yes	, [No		
9. Name and Address of Current Registered Agent			30,			10. Name and Address of New Registered Agent	-		1	
i italia ara yaaraa ar aarran nagaaraa yaaraa				81	Name				1	
CT CORPORATION SYSTEM										
1200	SOUTH:PINE ISLAND RD.		82		Street Addres	treet Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324		ļ						1	
	1		83							
•				84 City FL			Zip (Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE										
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTO	RS IN 12	16	
TITLE	SVP	DELETE	1.1 TIT	î,E		Пс	hange	Addition	CR2E034 (5/99)	
NAME	HAYS, SPENCER B		1.2 NA	1.2 NAME		-			8	
STREET ADDRESS	75 ROCKFELLER PLAZA		1	1.3 STREET ADDRESS					🖺	
	NEW YORK NY 10019			1.4 CITY-ST-ZIP					18	
CITY-ST-ZIP TITLE	AS	T PELETE		2.1 TITLE		Пс	hange	Addition	10	
NAME	WHITE, MARIE N	□ DELETE		2.2 NAME		□ ¢	Hange	radiion		
STREET ADDRESS	75 ROCKEFELLER PLAZA			2.3 STREET ADDRESS		~-				
	NEW YORK NY	ŀ	2.4 CiTY-ST-ZIP							
CITY-ST-ZIP TITLE				3.1 TITLE		П	hange	Addition	┪	
	D DELETE			3.2 NAME			nange	Aggitton		
NAME	LEVIN, GERALD M			1						
STREET ADDRESS	75 ROCKEFELLER PLAZA			3.3 STREET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10019		_	3.4 CITY-ST-ZIP 4.1 TITLE				A datate i	1	
TITLE	D BOCOOLED BIOLIADO I	DCCC1C				hange	Addition			
NAME	BRESSLER, RICHARD J.			4.2 NAME						
STREET ADDRESS	75 ROCEFELLER PLAZA		J	4.3 STREET ADDRESS						
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP 5.1 TITLE		П.		<u> </u>	-	
TITLE .	DP	☐ DELETE				□ c	hange	Addition	}	
NAME ,	PARSONS, RICHARD D			5.2 NAME						
STREET ADDRESS	75 ROCKEFELLER PLAZA		5.3 STREET ADDRESS						1	
CITY-ST-ZIP			_	Y-ST-ZI	IP			<u> </u>	4	
TITLE	V	L_ DELETE	6.1 THTLE			C	hange	Addition		
NAME	HAYS, SPENCER B			6.2 NAME						
STREET ADDRESS 75 ROCKEFELLER PLAZA			6.3 STF	REETAL	DDRESS					
CITY-ST-ZIP				Y-ST-ZI					1	
14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am										

6. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

maranth white QUIRED

8/18/99 (VIV) 484-7596