

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003270

1. Entity Name

WARNER COMMUNICATIONS INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90077 038 ***150.00

Principal Place of Business	Mailing Address
75 ROCKEFELLER PLAZA NEW YORK NY 10019	75 ROCKEFELLER PLAZA NEW YORK NY 10019-6908

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		13-2696809		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARIE N.	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, GERALD M	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESSLER, RICHARD J.	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, RICHARD D	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie N. White DATE: 05/03/00 212.484.7596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)