FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90074 042 ***150.00

DOCUMENT #

1. Entity Name
F95000003270
WARNER COMMUNICATIONS INC.

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657919

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2. Principal Place of Business	3. Mailing Address
75 ROCKEFELLER PLAZA	% JANICE CANNON
Suite, Apt. #, etc.	Suite, Apt. #, etc. 75 ROCKEFELLER PLAZA
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip / Country 10019 / USA	Zip / Country 10019 / USA

4. FEI Number
13-2696809
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD.

City: PLANTATION **FL** Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DCEO	TITLE	
NAME	LEVIN, GERALD M	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	DCOO	TITLE	
NAME	PARSONS, RICHARD D	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	DCOO	TITLE	
NAME	PITTMAN, ROBERT W	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	HAYS, SPENCER B	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	CANNON, JANICE	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	AT	TITLE	
NAME	SOLOMON, JAMES M	NAME	
STREET ADDRESS	75 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Cannon JANICE CANNON 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online