

FILED

Apr 21, 2002 8:00 am  
Secretary of State

03-11-2002 90037 001 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001119

## 1. Entity Name

VERIZON MEDIA VENTURES INC.

## Principal Place of Business

6665 N. MACARTHUR BLVD.  
IRVING TX 75039

## Mailing Address

P.O. BOX 152203  
IRVING TX 75015-2203  
US

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

750 Canyon Drive

Suite, Apt. #, etc.

Income Tax Dept.

## City &amp; State

## City &amp; State

Coppell, TX

## Zip

## Country

Zip  
75019

## Country

USA

## 4. FEI Number

75-2616008

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

## 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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, CHRISTOPHER D 6665 N. MACARTHUR BLVD. IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WHITMAN, LAWRENCE R 6665 N. MACARTHUR BLVD. IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, BRIAN B 6665 N. MACARTHUR BLVD. IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TISCIONE, THOMAS N 6665 N. MACARTHUR BLVD. IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DROST, MARIANNE 6665 N. MACARTHUR BLVD. IRVING TX 75039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PERRETT, LONDA C 6665 N. MACARTHUR BLVD. IRVING TX 75039	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	George F. Weiskopf PD 1095 Ave. of Americas Room 4042 NY, NY 10036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Gary L. Conner 750 Canyon Dr. Coppell, TX 75019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anna Marie Moran 6665 N. McArthur Blvd. Irving, TX 75039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Richard R. Mashing 750 Canyon Dr. Coppell, TX 75019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORGary L. Conner  
VIP - Taxes

4/3/02

(214) 285-2571

Date

Daytime Phone #

CR2E034 (9/01)