FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000003894

1. Corporation Name

TIME WARNER INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90065 037 ***150.00



		h de Uire - A aldere -			BOLDO 1998) 10110 10111 19101 1001
Principal Place of Business Mailing Address					
75 ROCKEFELLER PLAZA 75 ROCKEFELLER PLAZA					
NEW YORK NY	10019	NEW YORK NY 10019		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				07/24/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	ARIE WHITE	4. FEI Number	Applied For
21		26 75 ROCKEFE	USR PLAZA	13-3527249	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27 25TH ROOK	<u></u>	3. Certificate of States Boombo	Fee Required
City & State		City & State	- A J	6. Election Campaign Financing	\$5.00 May Be
23		28 NEW YORK	NY	Trust Fund Contribution	Added to Fees
Zip	Country	Zip NV 10019 30	Country	8. This corporation owes the current year in	
24	25	23 - 7 30	USA	Personal Property Tax.	Yes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
C T CODDODATION SYSTEM			1 1		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83		.,
FLAI	41A11014 1 E 00024		63		
			84 City	FL	85 Zip Code
		1 00 1 1 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1	il land and any a		
office or r	egistered agent, or both, in the State (of Florida. Such change was autho	orized by the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes.		
SIGNATURE		ALOTE D.	istered Agent signature required	t when reinstating) DATE	
Oglicia i i i i i i i i i i i i i i i i i i			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	CEOD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, GERALD M		1.2 NAME		
STREET ADDRESS	75 ROCKEFELLER PLAZA		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PARSONS, RICHARD D		2.2 NAME		
STREET ADDRESS	75 ROCKEFELLER PLAZA		2.3 STREET ADDRESS		
	NEW YORK NY 10019		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	EVGC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAJE, PETER R	_	3.2 NAME		
STREET ADDRESS	75 ROCKEFELLER PLAZA		3 3 STREET ADDRESS		
	NEW YORK NY 10019		3.4. CITY-ST-ZIP		l
CITY-ST-ZIP TITLE	VCFO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRESSLER, RICHARD J	-	4.2 NAME		
STREET ADDRESS	000//2551150 01474		4.3 STREET ADDRESS		
	NEW YORK NY 10019		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LABARCA, JOHN A	_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP		
TITLE	V	XLDELETE.	6.1 TITLE AC		Change Addition
NAME	LOCHNER, PHILIP R JR	<u>-</u>	6.2 NAME	AXEN BERGI SUSAN A.	:
STREET ADDRESS			6.3 STREET ADDRESS 75	ROCKE FELLER PLAZA	
	NEW YORK NY 10019		6.4 CITY-ST-ZIP	ROCKE FELLER PLAZA W YORK, NY 10019	
CITY-ST-ZIP					

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 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, with all other like empowered.

SIGNATURE: