

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90045 045 \*\*\*150.00

0442164

**DOCUMENT # F97000003894**

1. Entity Name  
**TIME WARNER INC.**

Principal Place of Business  
**75 ROCKEFELLER PLAZA  
 NEW YORK NY 10019**

Mailing Address  
**C/O MARIE WHITE  
 75 ROCKEFELLER PLAZA 25TH FL  
 NEW YORK NY 10019  
 US**

**547516**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**75 ROCKEFELLER PLAZA**  
 Suite, Apt. #, etc.  
**C/O JANICE CANNON**  
 City & State  
**NEW YORK, NY**  
 Zip  
**10019**  
 Country  
**USA**

4. FEI Number **13-3527249**  
 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, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD LEVIN, GERALD M 75 ROCKEFELLER PLAZA NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, RICHARD D 75 ROCKEFELLER PLAZA NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVGC BOGART, CHRISTOPHER P 75 ROCKEFELLER PLAZA NEW YORK NY 10019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BRESSLER, RICHARD J 75 ROCKEFELLER PLAZA NEW YORK NY 10019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC RIPP, JOSEPH A 75 ROCKEFELLER PLAZA NEW YORK NY 10019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WAXENBERG, SUSAN A 75 ROCKEFELLER PLAZA NEW YORK NY 10019	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEVIN, GERALD M 75 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PARSONS, RICHARD D 75 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVPGCS CAPPUCCIO, PAUL T 75 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCENERNEY, THOMAS W 75 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10019	<input type="checkbox"/> Change <input checked="" 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:** *Janice Cannon* **JANICE CANNON, ASST. SECY** **04/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)