FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90230 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700004850

1. Entity Name

HERITAGE MEDIA CORPORATION



Principal Place of Business Mailing Address 1300 NORTH MARKET STREET. STE 404 1300 NORTH MARKET STREET. STE 404 WILMINGTON DE 19801 WILMINGTON DE 19801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 42-1299303 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete MURDOCH, K R NAME NAME STREET ADDRESS 1211 AVE OF THE AMERICAS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CONSTANTINE, JAN F NAME NAME STREET ADDRESS 1211 AVENUE OF THE AMERICAS STREET ADDRESS **NEW YORK NY** CITY-ST-7IF CITY-ST-ZIP **VD** TITLE ☐ Delete TITLE ☐ Change Addition DEVOE, DAVID F NAME NAME STREET ADDRESS 1211 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP ☐ Change TITLE ۷D ☐ Delete TITLE Addition SISKIND, ARTHUR M NAME NAME 1211 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE TITLE Delete Change Addition PORCO, DOMINIC NAME NAME 1211 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/93

Daytime Phone #

time Phone #

CR2E034 (10/02