


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90324 001 ***150.00

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1. Entity Name
WARNER BROS. PUBLICATIONS NEW MEDIA TWO, LLC



Principal Place of Business 15800 N.W. 48TH AVENUE MIAMI FL 33014	Mailing Address 15800 N.W. 48TH AVENUE MIAMI FL 33014
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

CFRA, LLC
ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33601-3239

4. FEI Number
65-0051018

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	FRED S. ANTON
CITY-ST-ZIP	15800 N.W. 48TH AVENUE
	MIAMI, FL 33014

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	TIM LANDERS
CITY-ST-ZIP	15800 N.W. 48TH AVENUE
	MIAMI, FL 33014

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Fred S. Anton* **2/20/04** **305-620-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #