

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

001377:

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-16-1999 90065 039 ***150.00

DOCUMENT # P24159

1. Corporation Name

WORLD CHAMPIONSHIP WRESTLING, INC.

Principal Place of Business

ONE CNN CENTER
BOX 105366
ATLANTA GA 30348-5366

Mailing Address

ONE CNN CENTER
BOX 105366
ATLANTA GA 30348-5366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1989

4. FEI Number

58-1811414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

DO MARIE WHITE

75 ROCKEFELLER PLAZA

25TH FLOOR

NEW YORK, NY

10019 USA

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHILLER, HARVEY W	
STREET ADDRESS	ONE CNN CENTER	
CITY-ST-ZIP	ATLANTA GA 30348-5366	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	PACE, WAYNE H	
STREET ADDRESS	ONE CNN CENTER	
CITY-ST-ZIP	ATLANTA GA 30348-5366	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	VELCOFF, ANDREW J	
STREET ADDRESS	ONE CNN CENTER	
CITY-ST-ZIP	ATLANTA GA 30348-5366	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHRISTIE, WARREN A	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAYS, SPENCER B	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WHITE, MARIE N	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Marie N. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE N. WHITE, ASST. SECRETARY

3/8/99 (212) 484-7596

Date

Daytime Phone #

CR2E034 (11/98)