

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 017 ***158.75

DOCUMENT # P39022

1. Entity Name
GEORGIA AC HOLDINGS, INC.



Principal Place of Business

**ONE CNN CENTER
BOX 105366
ATLANTA, GA 30348**

Mailing Address

**75 ROCKEFELLER PLAZA
C/O JANICE CANNON
NEW YORK, NY 10019**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address **C/O JANICE CANNON
ONE TIME WARNER CENTER**

Suite, Apt. #, etc.

14TH FL., LEGAL DEPT.

City & State

NEW YORK, NY

Zip

10019

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

58-1962760

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
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. 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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COOPER, DEBORAH**
STREET ADDRESS **ONE CNN CENTER, POB 105366**
CITY-ST-ZIP **ATLANTA, GA 30348**

TITLE **VSD** ☐ Delete
NAME **SAMS, LOUISE S**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA, GA 303485366**

TITLE **AS** ☐ Delete
NAME **CANNON, JANICE**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **VPT** ☐ Delete
NAME **MILLER, VICTORIA**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **SVP** ☐ Delete
NAME **HAYS, SPENCER B**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **AS**
NAME **CANNON, JANICE**
STREET ADDRESS **ONE TIME WARNER CENTER**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE ☒ Change ☐ Addition
NAME **VPT**
NAME **MILLER, VICTORIA**
STREET ADDRESS **ONE CNN CENTER, POB 105366**
CITY-ST-ZIP **ATLANTA, GA 30348**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AT**
NAME **SOLOMON, JAMES M.**
STREET ADDRESS **ONE TIME WARNER CENTER**
CITY-ST-ZIP **NEW YORK, NY 10019**

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.

SIGNATURE: *James M. Solomon* **JAMES M. SOLOMON**

4/29/04

Date

Daytime Phone #