FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY
FILED
4:05
FLORIDA

DOCUMENT # **P39856** **(0)**

1. Corporation Name

TIME WARNER OPERATIONS INC.

Principal Place of Business	Mailing Address
300 FIRST STAMFORD PLACE STAMFORD CT 06902	75 ROCKEFELLER PLAZA C/O MARIE WHITE NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1992** | 3a. Date of Last Report: **07/25/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: **13-3544870** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP (24) | County (25) | ZIP (29) | County (30)

8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes.* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
39 Title	P D	40 Title	☐ Change ☒ Addition
Name	LEVIN, GERALD	41 Name	
Street Address	75 ROCKEFELLER PLZ	42 Street Address	
City, St, Zip	NEW YORK NY 10019	43 City, St, Zip	
Title	VP	44 Title	☐ Change ☐ Addition
Name	COLLINS, JOSEPH J.	45 Name	
Street Address	300 FIRST STAMFORD PL	46 Street Address	
City, St, Zip	STAMFORD CT	47 City, St, Zip	
Title	V D	48 Title	☐ Change ☒ Addition
Name	HAJE, PETER R.	49 Name	
Street Address	75 ROCKEFELLER PLZA	50 Street Address	
City, St, Zip	NEW YORK NY	51 City, St, Zip	
Title	AS	52 Title	☐ Change ☐ Addition
Name	WHITE, MARIE N.	53 Name	
Street Address	75 ROCKEFELLER PLAZA	54 Street Address	
City, St, Zip	NEW YORK NY	55 City, St, Zip	
Title	VS	56 Title	☐ Change ☐ Addition
Name	GERKEN, HENRY J.	57 Name	
Street Address	300 FIRST STAMFORD PL	58 Street Address	
City, St, Zip	STAMFORD CT	59 City, St, Zip	
Title	VT	60 Title	☐ Change ☐ Addition
Name	DAVIES, RICHARD J.	61 Name	
Street Address	300 FIRST STAMFORD PL	62 Street Address	
City, St, Zip	STAMFORD CT	63 City, St, Zip	

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie N. White **Marie N. White, Asst. Sec.** 4/25/95 **(212) 484-7596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0396091 FP