

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001763

FILED
Apr 12, 2010
Secretary of State

Entity Name: WCI GLOBAL BUSINESS SERVICES INC.

Current Principal Place of Business:

C/O JULIE SPENCER
4000 WARNER BLVD.
BURBANK, CA 91522

New Principal Place of Business:

Current Mailing Address:

C/O JULIE SPENCER
4000 WARNER BLVD.
BURBANK, CA 91522

New Mailing Address:

FEI Number: 51-0451723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: HARPUR, REGINALD G
Address: 4000 WARNER BLVD.
City-St-Zip: BURBANK, CA 91522

Title: VP
Name: AXELROD, ALAN
Address: 1 TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: S
Name: KARICKHOFF, BRENDA C
Address: ONE TIME WARNER CENTER
City-St-Zip: NEW YORK, NY 10019

Title: T
Name: MASON, ELIZABETH
Address: 4000 WARNER BLVD.
City-St-Zip: BURBANK, CA 91522

Title: AS
Name: CALFAS, ANN
Address: 4000 WARNER BLVD.
City-St-Zip: BURBANK, CA 91522

Title: AS
Name: SPENCER, JULIE F
Address: 4000 WARNER BLVD.
City-St-Zip: BURBANK, CA 91522

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE SPENCER

AS

04/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date