

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001783

FILED
Apr 19, 2011
Secretary of State

Entity Name: WARNER BROS. HOME ENTERTAINMENT INC.

Current Principal Place of Business:

4000 WARNER BLVD.
BURBANK, CA 91522

New Principal Place of Business:

4000 WARNER BLVD.
BURBANK, CA 91522

Current Mailing Address:

ONE TIME WARNER CENTER
LEGAL DEPT 14TH FL. C/O JANICE CANNON
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 33-1045022 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: DP
Name: TSUJIHARA, KEVIN
Address: 4000 WARNER BLVD
City-St-Zip: BURBANK, CA 91522

Title: DT
Name: ROMANO, EDWARD A
Address: 4000 WARNER BLVD.
City-St-Zip: BURBANK, CA 91522

Title: D
Name: ROGOVIN, JOHN A
Address: 4000 WARNER BLVD
City-St-Zip: BURBANK, CA 91522

Title: SVP
Name: NOONAN, JAMES F
Address: 4000 WARNER BLVD.
City-St-Zip: BURBANK, CA 91522

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

Title: AS
Name: SOLOMON, ROCHELLE
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: BRENDA C. KARICKHOFF

SVP

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date