
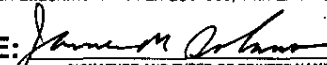


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

04-30-2004 90324 030 ***158.75

DOCUMENT # F03000001783			
1. Entity Name WARNER HOME VIDEO INC.			
Principal Place of Business 4000 WARNER BLVD. BURBANIK, CA 91522		Mailing Address 4000 WARNER BLVD. BURBANIK, CA 91522	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		ONE TIME WARNER CENTER	
City & State		City & State NEW YORK, NEW YORK	
Zip	Country	Zip	Country
		10019	
6. Name and Address of Current Registered Agent		4. FEI Number 33-1045022	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Name		Chg-P CR2E034 (10/03)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL, JAMES	NAME	
STREET ADDRESS	4000 WARNER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BURBANIK, CA 91522	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIER, BETH	NAME	
STREET ADDRESS	4000 WARNER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BURBANIK, CA 91522	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARICKLOFF, BRENDA C	NAME	KARICKHOFF, BRENDA C
STREET ADDRESS	4000 WARNER BLVD.	STREET ADDRESS	ONE TIME WARNER CENTER
CITY-ST-ZIP	BURBANIK, CA 91522	CITY-ST-ZIP	NEW YORK, NEW YORK 10019
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, EDWARD A	NAME	
STREET ADDRESS	4000 WARNER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BURBANIK, CA 91522	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SOLOMON, JAMES M.
STREET ADDRESS		STREET ADDRESS	ONE TIME WARNER CENTER
CITY-ST-ZIP		CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
JAMES M. SOLOMON			