


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90016 017 \*\*\*158.75

DOCUMENT # F03000001783 1. Entity Name WARNER BROS. HOME ENTERTAINMENT INC.	
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Principal Place of Business 4000 WARNER BLVD. BURBANK, CA 91522	Mailing Address ONE TIME WARNER CENTER 14TH FL. NEW YORK, NY 10019
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40026234



**DO NOT WRITE IN THIS SPACE**

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1045022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TSUJIHARA, KEVIN 4000 WARNER BLVD BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROMANO, EDWARD A 4000 WARNER BLVD. BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KARICKLOFF, BRENDA C ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMANO, EDWARD A 4000 WARNER BLVD. BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, JULIE F 4000 WARNER BOULEVARD BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHULMAN, JOHN A 4000 WARNER BLVD. BURBANK, CA 91522

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brenda C. Karickhoff* BRENDA C. KARICKHOFF *Feb. 11, 2008* 212-484-6576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #