

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003495

1. Entity Name
WARNER BROS. LATIN AMERICA ADVERTISING SERVICES INC.



Principal Place of Business
**1100 AVENUE OF THE AMERICAS
 NEW YORK, NY 10036**

Mailing Address
**ONE TIME WARNER CENTER
 C/O JANICE CANNON, LEGAL DEPT
 NEW YORK, NY 10019**

DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1042958	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____ (NOTE Registered Agent signature required when reinstating)

DATE _____

**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	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SCHULMAN, JOHN A 4000 WARNER BLVD BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AXELROD, ALAN ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ROMANO, EDWARD A 4000 WARNER BLVD BURBANK, CA 91522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAMBOUR, ANNALIESE S ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT MURPHY, RAYMOND G ONE TIME WARNER CENTER NEW YORK, NY 10019

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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: *Janice Cannon* Janice Cannon - Asst. Secretary 4/24/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #