

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001134

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC3622122651**

**Entity Name:** WBTB DISTRIBUTION INC.

**Current Principal Place of Business:**

4000 WARNER BOULEVARD  
BURBANK, CA 91522

**Current Mailing Address:**

4000 WARNER BOULEVARD  
BURBANK, CA 91522 US

**FEI Number:** 51-0379532

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title D/P/S  
Name ROGOVIN, JOHN A  
Address 4000 WARNER BOULEVARD  
City-State-Zip: BURBANK CA 91522

Title D/T  
Name WILLIAMS, KIM  
Address 4000 WARNER BLVD.  
City-State-Zip: BURBANK CA 91522

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

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

Title AS  
Name CANNON, JANICE  
Address ONE TIME WARNER CENTER  
City-State-Zip: NEW YORK NY 10019

Title AS  
Name WEINBERGER, DANIEL  
Address 4000 WARNER BOULEVARD  
City-State-Zip: BURBANK CA 91522

Title VP  
Name KINNEY, JOHN E  
Address ONE TIME WARNER CENTER  
LEGAL DEPT  
City-State-Zip: NEW YORK NY 10019

Title SVP  
Name PHILLIPS, DOUGLAS S  
Address ONE TIME WARNER CENTER  
City-State-Zip: NEW YORK NY 10019

**Continues on page 2**

*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:** JANICE CANNON

**ASSISTANT SECRETARY** 04/27/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP  
Name CUMMINGS, JAMES  
Address ONE TIME WARNER CENTER  
City-State-Zip: NEW YORK NY 10019

Title SVP  
Name RUGGIERO, EDWARD B.  
Address ONE TIME WARNER CENTER  
City-State-Zip: NEW YORK NY 10019

Title SVP  
Name KAMBOUR, ANNALIESE S.  
Address ONE TIME WARNER CENTER  
City-State-Zip: NEW YORK NY 10019

Title SVP  
Name KARICKHOFF, BRENDA C.  
Address ONE TIME WARNER CENTER  
City-State-Zip: NEW YORK NY 10019