

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90074 046 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name  
F98000006874  
TURNER BROADCASTING SYSTEM LATIN AMERICA, INC.

000010

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>ONE CNN CENTER</b>		3. Mailing Address <b>% JANICE CANNON</b>	
Suite, Apt. #, etc. <b>BOX 105366</b>		Suite, Apt. #, etc. <b>75 ROCKEFELLER PLAZA</b>	
City & State <b>ATLANTA, GA</b>		City & State <b>NEW YORK, NY</b>	
Zip <b>30348</b>	Country <b>USA</b>	Zip <b>10019</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>58-2016579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>CT CORPORATION SYSTEM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND RD.</b>	
City <b>PLANTATION</b>	FL Zip Code <b>33324</b>

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.

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

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT FITJE, IVAR ONE CNN CENTER ATLANTA, GA 30348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVPS SAMS, LOUISE S. ONE CNN CENTER ATLANTA, GA 30348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP URDANETA, JUAN CARLOS ONE CNN CENTER ATLANTA, GA 30348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M 75 ROCKEFELLER PLAZA NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address with all other like employees.

**SIGNATURE:** *Janice Cannon* **JANICE CANNON** 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)