



2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

04-30-2004 90324 026 ***158.75

DOCUMENT # F98000006874			
1. Entity Name TURNER BROADCASTING SYSTEM LATIN AMERICA, INC.			
Principal Place of Business ONE CNN CENTER BOX 105366 ATLANTA, GA 30348-5366		Mailing Address C/O JANICE CANNON 75 ROCKEFELLER PLAZA 25TH FL NEW YORK, NY 10019 US	
2. Principal Place of Business		3. Mailing Address % JANICE CANNON ONE TIME WARNER CENTER	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 14TH FL, LEGAL DEPARTMENT	
City & State		City & State NEW YORK, NY	
Zip	Country	Zip	Country
		10019	
4. FEI Number 58-2016579		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANETA, JUAN C	NAME	
STREET ADDRESS	ONE CNN CENTER	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30348	CITY-ST-ZIP	
TITLE	DEVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMS, LOUISE S	NAME	
STREET ADDRESS	ONE CNN CENTER	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30348	CITY-ST-ZIP	
TITLE	DVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITJE, IVAR	NAME	
STREET ADDRESS	ONE CNN CENTER	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30348	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JANICE	NAME	AS CANNON, JANICE
STREET ADDRESS	75 ROCKEFELLAR PLAZA	STREET ADDRESS	ONE TIME WARNER CENTER
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B	NAME	SVP HAYS, SPENCER B.
STREET ADDRESS	75 ROCKEFELLAR PLAZA	STREET ADDRESS	ONE TIME WARNER CENTER
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JAMES M	NAME	AT SOLOMON, JAMES M.
STREET ADDRESS	75 ROCKEFELLAR PLAZA	STREET ADDRESS	ONE TIME WARNER CENTER
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	NEW YORK, NY 10019
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:  JAMES M. SOLOMON		4/29/04 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	