


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90126 021 ***150.00

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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 ONE TIME WARNER CENTER NEW YORK, NY 10019 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2016579
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
			Zip Code	
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, 2005 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	DIRECTOR/EVP/SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMS, LOUISE S		NAME	LOUISE S. SAMS.
STREET ADDRESS	ONE CNN CENTER		STREET ADDRESS	ONE CNN CENTER
CITY-ST-ZIP	ATLANTA, GA 30348		CITY-ST-ZIP	ATLANTA, GA 30348
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JANICE		NAME	
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B		NAME	
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JAMES M		NAME	
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	
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: _____		JANICE CANNON ASST. SECRETARY 4/27/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		
		<small>Daytime Phone #</small>		