

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006874

**Entity Name:** TURNER BROADCASTING SYSTEM LATIN AMERICA, INC.

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC5243770576**

**Current Principal Place of Business:**

ONE CNN CENTER  
BOX 105366  
ATLANTA, GA 30303

**Current Mailing Address:**

ONE CNN CENTER  
LEGAL CORPORATE SERVICES 13TH FL  
ATLANTA, GA 30303 US

**FEI Number: 58-2016579**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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  
Name URDANETA, JUAN C  
Address ONE CNN CENTER  
BOX 105366  
City-State-Zip: ATLANTA GA 30303

Title EVP/S  
Name SAMS, LOUISE S  
Address ONE CNN CENTER  
BOX 105366  
City-State-Zip: ATLANTA GA 30303

Title D/VP  
Name HUTTON, RAYMOND  
Address ONE CNN CENTER  
BOX 105366  
City-State-Zip: ATLANTA GA 30303

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

Title VP/T  
Name EDDY, WILLIAM P  
Address ONE CNN CENTER  
BOX 105366  
City-State-Zip: ATLANTA GA 30303

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

Title DIRECTOR  
Name CAMERON, CHRISTINE L  
Address ONE CNN CENTER  
BOX 105366  
City-State-Zip: ATLANTA GA 30303

Title DIRECTOR  
Name ZEILER, GERHARD  
Address ONE CNN CENTER  
BOX 105366  
City-State-Zip: ATLANTA GA 30303

*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**

**ASST SECRETARY**

**04/28/2015**

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

\_\_\_\_\_  
Date