


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90299 001 *1,561.25

0205650

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K96286 1. Corporation Name TURNER COMMUNICATIONS CORP.					
Principal Place of Business 404 WASHINGTON AVE 600 MIAMI BEACH FL 33139 US			Mailing Address 404 WASHINGTON AVE 600 MIAMI EBACH FL 33139 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/19/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0129506	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TURNER, LAWRENCE O 404 WASHINGTON AVE STE 600 MIAMI BCH FL 33139			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE



CR2E034 (1/98)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/89 305-673-8800