

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96286

1. Entity Name

TURNER COMMUNICATIONS CORP.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90035 001 \*\*\*900.00

Principal Place of Business

4100 N.E. 2ND AVE.  
SUITE 206  
MIAMI FL 33137  
US

Mailing Address

~~404 WASHINGTON AVE~~  
~~600~~  
~~MIAMI BEACH FL 33137-0638~~  
~~US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4100 NE SECOND AVE

#206

MIAMI, FL

33137

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0129506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33137

TURNER, LAWRENCE O  
~~404 WASHINGTON AVE~~  
~~STE 600~~  
~~MIAMI BEACH FL 33139~~

4100 NE SECOND AVE

MIAMI

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME  
BACKUS, ROBERTA  
STREET ADDRESS  
404 WASHINGTON AVE #600  
CITY-ST-ZIP  
MIAMI BEACH FL

TITLE ☐ Delete

NAME  
TURNER, LAWRENCE O  
STREET ADDRESS  
404 WASHINGTON AVE #600  
CITY-ST-ZIP  
MIAMI BEACH FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4100 NE SECOND AVE #206  
MIAMI, FL 33137

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4100 NE SECOND AVE #206  
MIAMI, FL 33137

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)