

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # K96286** 04-26-2004 90434 013 ***150.00 1. Entity Name TURNER COMMUNICATIONS CORP. Principal Place of Business Mailing Address 94064597 4100 N.E. 2ND AVE. 4100 N.E 2ND AVE. SUITE 206 MIAMI, EL 33137 SUITE-206 MIAMI; FL 33137 2. Principal Place of Business 3. Mailing Address 316 NO FOUNTERS 316 NI Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For 7-7-65-0129506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER, LAWRENCE O 4100 N.E. 2ND AVE. SUITE 206 MIAMI, EL 33137 Street Address (P.O. Box Number is Not Acceptable) NO FOURTH ST 1-10 Envalo 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change BACKUS, ROBERTA NAME NAME 316 NU FOUNTLY ST STREET ADDRESS 4100 N.E. 2ND AVE. SUITE 206 STREET ADDRESS F-7. Lavo Grand F1 3770/ | Change | Addition CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP TITLE ☐ Delete TURNER, LAWRENCE O NAME 4100 NE 2ND AVE, SUITE 206 STREET ADDRESS STREET ADDRESS LAUREAUNIE, EX CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-719 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS

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: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

CITY-ST-ZIP