

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90016 020 ***158.75

DOCUMENT # P17346

1. Entity Name
CNN AMERICA, INC.



Principal Place of Business

ONE CNN CENTER
ATLANTA, GA 30303

Mailing Address

%JANICE CANNON, ONE TIME WARNER CTR.
14TH FLR, LEGAL DEPT.
NEW YORK, NY 10019 US

40026231



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1762590

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	WALTON, JAMES K
STREET ADDRESS	ONE CNN CENTER
CITY- ST- ZIP	ATLANTA, GA 30303
TITLE	SVP
NAME	KAMBOUR, ANNALIESE S
STREET ADDRESS	ONE TIME WARNER CENTER
CITY- ST- ZIP	NEW YORK, NY 10019
TITLE	SVPS
NAME	SAMS, LOUISE S.
STREET ADDRESS	ONE CNN CENTER
CITY- ST- ZIP	ATLANTA, GA 30348
TITLE	AS
NAME	CANNON, JANICE
STREET ADDRESS	ONE TIME WARNER CENTER
CITY- ST- ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON

Date

Daytime Phone #