

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34302

1. Entity Name

TURNER LEARNING, INC.

Principal Place of Business

ONE CNN CENTER, BOX 105366
ATLANTA GA 30348-5366

Mailing Address

C/O MARIE N. WHITE
75 ROCKEFELLER PLAZA
NEW YORK NY 10019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

75 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

C/O JANICE CANNON

City & State

NEW YORK, NY

Zip

10019

Country

USA

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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

| | | |
|----------------|-----------------------|--|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | MCGUIRK, TERENCE F | |
| STREET ADDRESS | ONE CNN CENTER | |
| CITY-ST-ZIP | ATLANTA GA 30348-5366 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | COHEN, BETTY | |
| STREET ADDRESS | ONE CNN CENTER | |
| CITY-ST-ZIP | ATLANTA GA 30348-5366 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | VELCOFF, ANDREW J | |
| STREET ADDRESS | ONE CNN CENTER | |
| CITY-ST-ZIP | ATLANTA GA 30348-5366 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HAYS, SPENCER B | |
| STREET ADDRESS | 75 ROCKEFELLER PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | PACE, WAYNE | |
| STREET ADDRESS | ONE CNN CENTER | |
| CITY-ST-ZIP | ATLANTA GA 30348-5366 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, MARIE N | |
| STREET ADDRESS | 75 ROCKEFELLER PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMS, LOUISE S | |
| STREET ADDRESS | ONE CNN CENTER | |
| CITY-ST-ZIP | ATLANTA, GA 30348 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCENERNEY, THOMAS W | |
| STREET ADDRESS | 75 ROCKEFELLER PLAZA | |
| CITY-ST-ZIP | NEW YORK, NEW YORK 10019 | |

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:

Thomas W. McEnerney

THOMAS W. MCENERNEY, VP 04/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90059 043 ***150.00

0 2 1 0 0 0



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1527867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)