

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 027 ***158.75

DOCUMENT # P34302

1. Entity Name
TURNER LEARNING, INC.



Principal Place of Business
**ONE CNN CENTER, BOX 105366
ATLANTA, GA 30348-5366**

Mailing Address
**75 ROCKEFELLER PLAZA
C/O JANICE CANNON
NEW YORK, NY 10019**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**JANICE CANNON
ONE TIME WARNER CENTER**

04282004 Chg-P CR2E034 (10/03)

114TH FL, LEGAL DEPARTMENT

City & State
NEW YORK, NY

4. FEI Number
58-1527867

Applied For
Not Applicable

Zip
10019

Country

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**

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. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAMPEE, JOHN	
STREET ADDRESS	ONE CNN CENTER	
CITY-ST-ZIP	ATLANTA, GA 30348	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	MILLER, VICTORIA	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SAMS, LOUISE S	
STREET ADDRESS	ONE CNN CENTER	
CITY-ST-ZIP	ATLANTA, GA 30348	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HAYS, SPENCER B	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CANNON, JANICE	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SOLOMON, JAMES M	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK, NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMPFE, JOHN	
STREET ADDRESS	ONE CNN CENTER	
CITY-ST-ZIP	ATLANTA, GA 30348	
TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, VICTORIA	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, SPENCER B.	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JANICE	
STREET ADDRESS	ONE TIME WARNER CENTER	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT	
STREET ADDRESS	SOLOMON, JAMES, M.	
CITY-ST-ZIP	ONE TIME WARNER CENTER	
	NEW YORK, NY 10019	

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: *James M. Solomon* **JAMES M. SOLOMON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

Daytime Phone #