## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P34302

Entity Name: TURNER LEARNING, INC.

FILED Apr 07, 2009 Secretary of State

Entity Name: FORNER LEARNING, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
ONE CNN ATLANTA,					
Current Mailing Address:			New Mailir	ng Address:	
ONE TIME WARNER CENTER, 14TH FL C/O JANICE CANNON NEW YORK, NY 10019					
FEI Number: 58-1527867 FEI Number Applied For ( ) FEI Number			FEI Number Not Appli	icable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324				
The above in the State		ubmits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electroni	c Signature of Registered Agent		Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVP () KAMPFE, JOHN ONE CNN CENT ATLANTA, GA 3	ER	Title: Name: Address: City-St-Zip:	COBP (X) Change ( ) Addition GRANT, SUSAN ONE CNN CENTER ATLANTA, GA 30303	
Title: Name: Address: City-St-Zip:	VPS () SAMS, LOUISE ONE CNN CENT ATLANTA, GA 3	ER	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition KAMPFE, JOHN E ONE CNN CENTER ATLANTA, GA 30303	
Title: Name: Address: City-St-Zip:	VP () KARICKHOFF, E ONE TIME WAR NEW YORK, NY	NER CENTER	Title: Name: Address: City-St-Zip:	VPS (X) Change ( ) Addition SAMS, LOUISE S ONE CNN CENTER ATLANTA, GA 30303	
Title: Name: Address: City-St-Zip:	AS () CANNON, JANIO ONE TIME WAR NEW YORK, NY	NER CENTER	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition KARICKHOFF, BRENDA C ONE TIME WARNER CENTER NEW YORK, NY 10019	
Title: Name: Address: City-St-Zip:	PCOB () GRANT, SUSAN ONE CNN CTR ATLANTA, GA 3	Delete 0303	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 1001	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	AT ( ) Change (X) Addition JOHNSON, STEPHEN A ONE CNN CENTER ATLANTA, GA 30303	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE CANNON AS 04/07/2009