

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90098 013 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-1527867

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**

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
NAME **MCGUIRK, TERENCE F**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA GA 30348-5366**

TITLE **PD** ☒ Delete
NAME **COHEN, BETTY**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA GA 30348-5366**

TITLE **S** ☒ Delete
NAME **SAMS, LOUISE S**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA GA 30348-5366**

TITLE **V** ☒ Delete
NAME **HAYS, SPENCER B**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **VT** ☒ Delete
NAME **PACE, WAYNE**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA GA 30348-5366**

TITLE **VP** ☒ Delete
NAME **MCENERNEY, THOMAS W**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **KAMPFE, JOHN**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA, GA 30348**

TITLE **DVPT** ☐ Change ☒ Addition
NAME **MILLER, VICTORIA**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **VPS** ☒ Change ☐ Addition
NAME **SAMS, LOUISE S**
STREET ADDRESS **ONE CNN CENTER**
CITY-ST-ZIP **ATLANTA, GA 30348**

TITLE **SVP** ☒ Change ☐ Addition
NAME **HAYS, SPENCER B.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **AS** ☐ Change ☒ Addition
NAME **CANNON, JANICE**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **AT** ☐ Change ☒ Addition
NAME **SOLOMON, JAMES M.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **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:

JANICE CANNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON 4/25/03 212-484-6503
Date Daytime Phone #

CR2E034 (10/02)