

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00495**

1. Corporation Name

CABLE NEWS NETWORK, INC.

Principal Place of Business

Mailing Address

One CNN Center
Box 105366
Atlanta, BA 30348-5366

c/o Marie White
Time Warner Inc.
75 Rockefeller Plaza
New York, NY 10019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1365753

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir/CEO Pres	Tom Johnson	One CNN Center	Atlanta, GA 30348-5366
Dir/COO V.Ch	Steven W. Korn	One CNN Center	Atlanta, GA 30348-5366
Sr.VP GC/Sec.	David C. Kohler	One CNN Center	Atlanta, GA 30348-5366
Dir/VP Treas.	Wayne H. Pace	One CNN Center	Atlanta, GA 30348-5366
VP	Warren A. Christie	1271 Avenue of the Americas	New York, NY 10020
VP	Spencer B. Hays	75 Rockefeller Plaza	New York, NY 10019
Asst. Sec	Marie N. White	75 Rockefeller Plaza	New York, NY 10019

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

NRAI Services, Inc.

Street Address (P.O. Box Number, if applicable)

526 E. Park Avenue

Suite, Apt. #, Etc.

***1050.00 ***1050.00

City

Tallahassee, FL

State

FL

Zip Code

32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Leif A. Tonnessen
REGISTERED AGENT MUST SIGN

Leif A. Tonnessen

Date

4/2/98

Asst. Secretary

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Marie N. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marie N. White, Assistant Secretary

3/31/98
Date

212-484-7596
Daytime Phone #

CR25040 (7/98)