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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FI ABIL



CT CORPORATION

October 29, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re:

Order #: 5706963 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Venevision International, LLC (FL) Change of Agent Florida

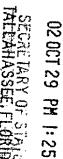
Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



02 0CT 29 PM 1: 20

OCT-28-2002 16:56

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limite liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: Venevision International LLC
2. The mailing address of the limited liability company is: 550 Bilimore Way, Suite 1180
Coral Gables, FL 33134
12-19-2001 L01000022158
3. Date of filing/registration in Florida . 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CompDirect Agents
Name
103 N. Meridian Street
Address
Tallahastes, FL 32301
City. State and Zip
6 The same and address of the ways are instant and on office.
of the name and admess of the new regimened agent amout outree.
CT Corporation System CT C
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324 City, State and Zip
Ciry, Strie and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company of as otherwise provided in the articles of organization or the operating agreement of the limited liability company. [Signature of I member or authorized feet indiversal member] [Orinted or typed name of signee] [Printed or typed name of signee] [I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. C.T. Cosporation System (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INR218(10/33)

FILING FEE: \$25.00