## 2005 LIMITED LIABILITY COMPANY

## Apr 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** DÖCUMENT # L04000021781 04-18-2005 90082 032 \*\*\*\*55.00 1. Entity Name **VENEVISION PRODUCTIONS LLC** Principal Place of Business Mailing Address 20035268 550 BILTMORE WAY, STE. 900 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 CB2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 74-3121307 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURTON JENSEN, JOAN Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134 City Zip Code FL 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) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE TITLE Director & Vice President ☐ Delete Change X Addition NAME Arismendi, Ana Teresa STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-Z(P CITY-ST-ZIP Coral Gables, Florida, 33134 ☐ Delete Director & Chairman of the Board TITLE ☐ Change X Addition NAME NAME Bandel, Steven I. STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida, 33134 TITLE ☐ Delete TITLE Director & President ☐ Change **☒** Addition NAME Tinoco, Pedro R. STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida 33134 TITLE ☐ Delete ☐ Change XI Addition Director & Secretary NAME NAME Jensen, Joan Burton STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida 33134 ☐ Delete TITLE TETLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

JOAN BURTON JENSEN **DIRECTOR & SECRETARY** 

APRIL 11, 2005

**FILED** 

305-442-3452

Daytime Phone #