


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000021781**

1. Entity Name  
**VENEVISION PRODUCTIONS LLC**



Principal Place of Business <b>550 BILTMORE WAY, STE. 900          CORAL GABLES, FL 33134</b>	Mailing Address <b>550 BILTMORE WAY, STE. 900          CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**

03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>74-3121307</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BURTON JENSEN, JOAN  
 550 BILTMORE WAY, STE. 900  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

1111000147757  
 04/07/06-R0001-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARISMENDI, ANA TERESA 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD BANDEL, STEVEN I. 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TINOCO, PEDRO R. 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENSEN, JOAN BURTON 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** *Joan Burton Jensen* **Joan Burton Jensen** **March 17, 2006** **305-442-3452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #