## 2005 LIMITED LIABILITY COMPANY

## Apr 18, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000087578** 04-18-2005 90082 034 \*\*\*\*55.00 1. Entity Name VENEVISION STUDIOS LLC Principal Place of Business Mailing Address 40030266 550 BILTMORE WAY, SUITE 900 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 20-1993441 Not Applicable Zip Country Zin 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 JENSEN, JOAN BURTON C/O FINSER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY, SUITE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ☐ Delete TITLE Director & Vice President ☐ Change X Addition NAME NAME Arismendi, Ana Teresa STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida 33134 ☐ Delete Director & Chairman of the Board TITLE TITLE ☐ Change Addition Bandel, Steven I. NAME NAME STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida 33134 Director & President ☐ Delete TITLE ☐ Change X Addition Tinoco, Pedro R. NAME NAME STREET ADDRESS STREET ADDRESS 550 Biltmore Way, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida 33134 TITLE Delete Director & Secretary ☐ Change Addition Jensen, Joan Burton NAME NAME 550 Biltmore Way, Suite 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Florida 33134 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-\$T-ZIP

CITY-ST-ZIP

TITLE

□ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIE

TITLE

NAME STREET ADDRESS

JOAN BURTON JENSEN

**DIRECTOR & SECRETARY** APRIL 12, 2005

Date

305-442-3452

☐ Change

☐ Addition

Daytime Phone #

FILED