


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000116298


1. Entity Name
VENEVISION INTERNATIONAL PUBLISHING LATIN LLC



Principal Place of Business
**121 ALHAMBRA PLAZA, STE 1400
 CORAL GABLES, FL 33134**

Mailing Address
**121 ALHAMBRA PLAZA, STE 1400
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



02192008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4134581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JENSEN, JOAN B
 121 ALHAMBRA PLAZA, STE 1400
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000008416293
 03/10/08-80028-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLANUEVA, LUIS 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, JORGE MR. 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BELTRAN, JOSE A MR. 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTISTEBAN, JORGE MR. 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PEREZ, MANUEL 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEON, WILLIAM III 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134

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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: _____ **2/21/08** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #