


**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 <b>20-4134581</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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

**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:** \_\_\_\_\_ **2/21/08** \_\_\_\_\_

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