

2000 UNIFORM BUSINESS REPORT (UBR)

0005519 AF

DOCUMENT # L98000000905
 1. Entity Name
HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 13 PM 5:00

Principal Place of Business Mailing Address
 1868 N. UNIVERSITY DRIVE 1868 N. UNIVERSITY DRIVE
 SUITE 301 SUITE 301
 PLANTATION FL 33322 PLANTATION FL 33322-4135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0897610 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
 201 SOUTH BISCAYNE BLVD.
 1500 MIAMI CENTER
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TWE LATIN AMERICA HOLDINGS, L.L.C. 1100 AVENUE OF THE AMERICAS NEW YORK NY 10036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUENA VISTA INTERNATIONAL, INC. 500 SOUTH BUENAVISTA STREET BURBANK CA 91521	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CPT HOLDINGS, INC. 10202 WEST WASHINGTON BLVD. CULVER CITY CA 90232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLE COMMUNICATIONS GROUP (US), L.C. 5201 BLUE LAGOON DRIVE, SUITE 650 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JUAREZ, ELE 5201 BLUE LAGOON DR., STE 270 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDOZA, CRISTINA L 5201 BLUE LAGOON DR., STE 270 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	000003182760-3 -03/24/00-0105U-003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Valerie Sumner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

March 8, 2000 (305) 648-8105
 Date Daytime Phone #

CFR2E083 (9/99)