

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000905

1. Entity Name

HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

Principal Place of Business

1868 N. UNIVERSITY DRIVE
SUITE 301
PLANTATION FL 33322

Mailing Address

1868 N. UNIVERSITY DRIVE
SUITE 301
PLANTATION FL 33322

2. Principal Place of Business

13801 N.W. 14 Street
Suite, Apt. #, etc.

3. Mailing Address

13801 N.W. 14 Street
Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33323

Country

USA

Zip

33323

Country

USA

4. FEI Number

65-0897610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGRM ☐ Delete
NAME TWE LATIN AMERICA HOLDINGS, L.L.C.
STREET ADDRESS 1100 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

TITLE MGRM ☐ Delete
NAME BUENA VISTA INTERNATIONAL, INC.
STREET ADDRESS 500 SOUTH BUENAVISTA STREET
CITY-ST-ZIP BURBANK CA 91521

TITLE MGRM ☐ Delete
NAME CPT HOLDINGS, INC.
STREET ADDRESS 10202 WEST WASHINGTON BLVD.
CITY-ST-ZIP CULVER CITY CA 90232

TITLE MGRM ☐ Delete
NAME OLE COMMUNICATIONS GROUP (US), L.C.
STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 650
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME same
STREET ADDRESS 5201 Blue Lagoon Drive, Suite 270
CITY-ST-ZIP same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Talene K. Sumner*

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

2/26/01

Date

305-648-8100

Daytime Phone #

0012646 AF

CR2E083 (11/00)