CR2E083 (9/01

2002 UNIFORM BUSINESS REPORT (UBR) W6/3 DOCUMENT # L9800000905 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS HBO LATIN AMERICA PRODUCTION SERVICES, L.C. Principal Place of Business 02 MAY 20 AM 9: 47 Mailing Address 13801 NW 14TH ST. 13801 NW 14TH ST. SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0897610 Not Applicable Zip Country 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 CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 700005574267---05/20/02--01046--002 Make Check Payable to Department of State ****200.00 ****58.00 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE Delete ☐ Change ☐ Addition TWE LATIN AMERICA HOLDINGS, L.L.C. NAME NAME STREET ADDRESS 1100 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition Change BUENA VISTA INTERNATIONAL, INC. NAME NAME STREET ADDRESS **500 SOUTH BUENAVISTA STREET** STREET ADDRESS CITY-ST-ZIP BURBANK CA 91521 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ☐ Addition NAME CPT HOLDINGS, INC. NAME STREET ADDRESS 10202 WEST WASHINGTON BLVD. STREET ADDRESS **CULVER CITY CA 90232** CITY-ST-ZIP CITY-ST-ZIP MGRM □ Delete TITLE same K Change ☐ Addition OLE COMMUNICATIONS GROUP (US), L.C. NAME NAME STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 650 STREET ADDRESS 5 201 Blue Lagoon Drive, Suite 200 CITY-ST-ZIP MIAMI FL 33126 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

Delete

☐ Delete

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

305-648-8100

Change

Change

☐ Addition

☐ Addition