2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000905

FILED Apr 29, 2004 Secretary of State

Entity Name: HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

Current Principal Place of Business: New Principal Place of Business: 13801 NW 14TH ST. SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** 13801 NW 14TH ST SUNRISE, FL 33323 FEI Number: 65-0897610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete TWE LATIN AMERICA HO, LDINGS, L.L.C. Name: Name: 1100 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10036 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition BUENA VISTA INTERNAT, IONAL, INC. Name: Name: Address: 500 SOUTH BUENAVISTA STREET Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CPT HOLDINGS, INC., Name: Name: 10202 WEST WASHINGTON BLVD. Address: Address: City-St-Zip: CULVER CITY, CA 90232 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OLE COMMUNICATIONS G, ROUP (US), L.C. Name: Name: 5201 BLUE LAGOON DRIVE, SUITE 200 Address: Address: MIAMI, FL 33126 City-St-Zip: City-St-Zip: Title: CEO () Delete Title: MGR (X) Change () Addition COMAS, GASTON Name: Name: COMAS, GASTON ONE ALHAMBRA PLAZA PH 4000 PONCE DE LEON BLVD., 8TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: CORAL GABLES, FL 33146 Title: () Delete Title: (X) Change () Addition RUBIO, EMILIO RUBIO, EMILIO Name: Name: Address: ONE ALHAMBRA PLAZA PH Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR MIAMI, FL 33134 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GASTON COMAS MGR 04/29/2004