


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90026 025 ****50.00

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

| | |
|---|---|
| Principal Place of Business 13801 NW 14TH ST. SUNRISE, FL 33323 | Mailing Address 13801 NW 14TH ST. SUNRISE, FL 33323 |
|---|---|

14002876



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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04152005 Chg-LLC CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0897610 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 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. I am familiar with, and accept the obligations of registered agent.

| | | |
|-----------|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|-------------------------------------|---------------------------------|--|-----------------------|--|---------------------------------|-----------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TWE LATIN AMERICA HOLDINGS, L.L.C. | | | NAME | | | |
| STREET ADDRESS | 1100 AVENUE OF THE AMERICAS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK, NY 10036 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUENA VISTA INTERNATIONAL, INC. | | | NAME | | | |
| STREET ADDRESS | 500 SOUTH BUENAVISTA STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BURBANK, CA 91521 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CPT HOLDINGS, INC. | | | NAME | | | |
| STREET ADDRESS | 10202 WEST WASHINGTON BLVD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CULVER CITY, CA 90232 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | OLE COMMUNICATIONS GROUP (US), L.C. | | | NAME | | | |
| STREET ADDRESS | 5201 BLUE LAGOON DRIVE, SUITE 200 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33126 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COMAS, GASTON | | | NAME | | | |
| STREET ADDRESS | 4000 PONCE DE LEON BLVD., 8TH FLOOR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RUBIO, EMILIO | | | NAME | | | |
| STREET ADDRESS | 4000 PONCE DE LEON BLVD., 8TH FLOOR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | | 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: | <i>[Signature]</i> | 4/20/05 | 305-648-8130 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |