

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90146 042 \*\*\*\*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**

2. Principal Place of Business  
**4000 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
Suite 800**

3. Mailing Address  
**4000 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
Suite 800**

City & State  
**Coral Gables, Florida**

City & State  
**Coral Gables, Florida**

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**65-0897610**

Applied For  
Not Applicable

Zip  
**33146**

Country  
**USA**

Zip  
**33146**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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. 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, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

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 200**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **MGR** ☐ Delete  
NAME **COMAS, GASTON**  
STREET ADDRESS **4000 PONCE DE LEON BLVD., 8TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **MGR** ☐ Delete  
NAME **RUBIO, EMILIO**  
STREET ADDRESS **4000 PONCE DE LEON BLVD., 8TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **SARIEGO, JOSÉ**  
STREET ADDRESS **4000 PONCE DE LEON BLVD., 8TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **JASPAR, PIERRE**  
STREET ADDRESS **13801 NW 14TH STREET**  
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **OLE COMMUNICATIONS GROUP (US), L.C.**  
STREET ADDRESS **2525 PONCE DE LEON BLVD., SUITE 250**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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 exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

**04.19.06**