

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90028 044 ****50.00

DOCUMENT # L98000000905

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



Principal Place of Business
4000 PONCE DE LEON BLVD
STE 800
MIAMI, FL 33146

Mailing Address
4000 PONCE DE LEON BLVD
STE 800
MIAMI, FL 33146

60040857



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0897610

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TWE LATIN AMERICA HOLDINGS, L.L.C.
STREET ADDRESS 1100 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEWYORK, NY 10036

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

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

TITLE MGRM
NAME OLE COMMUNICATIONS GROUP (US), L.C.
STREET ADDRESS 2525 PONCE DE LEON BLVD STE 250
CITY-ST-ZIP MIAMI, FL 33134

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

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

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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, OR AUTHORIZED REPRESENTATIVE

4/17/07 205-648-8100

Date

Daytime Phone #