

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000905

FILED
Jul 21, 2008
Secretary of State

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

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
STE 800
MIAMI, FL 33146

New Principal Place of Business:

4000 PONCE DE LEON BLVD
STE 800
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON BLVD
STE 800
MIAMI, FL 33146

New Mailing Address:

4000 PONCE DE LEON BLVD
STE 800
CORAL GABLES, FL 33146

FEI Number: 65-0897610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: TWE LATIN AMERICA HO, LDINGS, L.L.C.
Address: 1100 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: MGRM () Delete
Name: BUENA VISTA INTERNAT, IONAL, INC.
Address: 500 SOUTH BUENAVISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: MGRM () Delete
Name: CPT HOLDINGS, INC.,
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: MGRM () Delete
Name: OLE COMMUNICATIONS G, ROUP (US), L.C .
Address: 2525 PONCE DE LEON BLVD STE 250
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: COMAS, GASTON
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: RUBIO, EMILIO
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSE SARIOGO

MGR

07/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date