

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000905

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0897610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 HOLDINGS, L.L.C.
Address: 1100 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: MGRM (X) Delete
Name: BUENA VISTA INTERNATIONAL, 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 GROUP (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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Address:
City-St-Zip:

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

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

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: GASTON COMAS

MGR

04/15/2009

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