

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90001 013 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0897610**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **HBO LATIN AMERICA HOLDINGS, L.L.C.**
STREET ADDRESS **1100 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **CEO and Secretary** Change Addition
NAME **Comas, Gaston**
STREET ADDRESS **One Alhambra Plaza, PH**
CITY-ST-ZIP **Coral Gables, FL 33134**

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

TITLE **SVP, Operations** Change Addition
NAME **Rubio, Emilio**
STREET ADDRESS **One Alhambra Plaza, PH**
CITY-ST-ZIP **Coral Gables, FL 33134**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/11/03

305-648-8100

Date

Daytime Phone #

CR2E083 (10/02)