

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000107

FILED
Apr 24, 2006
Secretary of State

Entity Name: DISCOVERY TELEVISION CENTER, LLC

Current Principal Place of Business:

6505 BLUE LAGOON DRIVE
SUITE #190
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

ONE DISCOVERY PLACE
9TH FLOOR
SILVER SPRING, MD 209103554 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: MGR () Delete
Name: HENDRICKS, JOHN
Address: ONE DISCOVERY PLACE
City-St-Zip: SILVER SPRING, MD 209103354 US

Title: MGR () Delete
Name: MCHALE, JUDITH
Address: ONE DISCOVERY PLACE
City-St-Zip: SILVER SPRING, MD 209103354 US

Title: MGR () Delete
Name: BENNETT, BARBARA
Address: ONE DISCOVERY PLACE
City-St-Zip: SILVER SPRING, MD 209103354 US

Title: MGR () Delete
Name: HOLLINGER, MARK
Address: ONE DISCOVERY PLACE
City-St-Zip: SILVER SPRING, MD 209103354 US

Title: MGR () Delete
Name: CUDAHY, TIA
Address: ONE DISCOVERY PLACE
City-St-Zip: SILVER SPRING, MD 209103354 US

Title: MGR () Delete
Name: DEMARCO, LOUIS
Address: ONE DISCOVERY PLACE
City-St-Zip: SILVER SPRING, MD 20910 US

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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 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: LOUIS DEMARCO

SVP

04/24/2006

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