

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# M01000000490

Entity Name: SET DISTRIBUTION, LLC

Current Principal Place of Business:

ONE ALHAMBRA PLAZA, PENTHOUSE
CORAL GABLES, FL 33134

New Principal Place of Business:

4000 PONCE DE LEON BLVD.
8TH FLOOR
CORAL GABLES, FL 33146

Current Mailing Address:

ONE ALHAMBRA PLAZA, PENTHOUSE
CORAL GABLES, FL 33134

New Mailing Address:

4000 PONCE DE LEON BLVD.
8TH FLOOR
CORAL GABLES, FL 33146

FEI Number: 51-0379531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
C/O HBO LATIN AMERICA
4000 PONCE DE LEON BLVD., 8TH FLOOR
CORAL GABLES, FL 33146 US

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: GASTON COMAS

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SPE ENTERTAINMENT TE, LEVISION, INC.
Address: 10202 WEST WASHINGTON PLAZA
City-St-Zip: CULVER CITY, CA 90232

Title: MGRM () Delete
Name: LATIN AMERICA SET HO, LDINGS
Address: ONE ALHAMBRA PLAZA, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: RUBIO, EMILIO
Address: ONE ALHAMBRA PLAZA PH
City-St-Zip: MIAMI, FL 33134

Title: S () Delete
Name: COMAS, GASTON
Address: ONE ALHAMBRA PLAZA PH
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LATIN AMERICA SET HO, LDINGS
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/30/2004

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