

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003145

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** IPTV AMERICAS LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE, SUITE 100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

601 BRICKELL KEY DRIVE STE. 200  
MIAMI, FL 33131

**Current Mailing Address:**

396 ALHAMBRA CIRCLE, SUITE 100  
CORAL GABLES, FL 33134

**New Mailing Address:**

601 BRICKELL KEY DRIVE, SUITE 200  
MIAMI, FL 33131

FEI Number: 03-0576657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAZZOLO, ALVARO  
396 ALHAMBRA CIRCLE, SUITE 100  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

GAZZOLO, ALVARO  
601 BRICKELL KEY DRIVE, SUITE 200  
MIAMI, FL 33131 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: ALVARO

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IPTV-AMERICAS HOLDIN, GS, LLC  
Address: 396 ALHAMBRA CIRCLE, SUITE 100  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: IPTV-AMERICAS HOLDIN, GS, LLC  
Address: 601 BRICKELL KEY DRIVE, SUITE 200  
City-St-Zip: CORAL GABLES, FL 33131

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: ALVARO GAZZOLO

CEO

01/08/2007

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