File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400:00 LATE FEE.

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | | | S | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | | |
|--|---|---------------------------|---------------------|---|----------|------------------------------|--|---|--------------------------------------|--|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | |
| 1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000488 HBO LATIN AMERICA ADVERTISING SERVICES, L. C. 5201 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 | | | | | | | 1a. Principal Place of Business Address 5201 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 | | | |
| 2. Principal Place of Business 2a. Mail | | | | ing Address | | | 3. Date Organize | d or Qualified | 3a. State of Formation | |
| Sulte, Apt. | #, etc. | Suite, Ap | Suite, Apt. #, etc. | | | 05/06/1997 FI. 4. FEI Number | | | | |
| City & State | | | City & Ste | City & State | | | 6. Certificate of Status Desired | | | |
| Zip | | Country | Zip | | Countr | у | \$8.75 Additional Fee I | | 58.75 Additional Fee Hequired | |
| | 7. Name | and Address of Curre | nt Registered | Agent | | 8. Name | Name and Address | of New Regis | tered Agent/Office | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the apparance registered agent, and accept the obligations. | | | | | | | | | 5.11.21 | |
| SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating | | | | | | | 9) | | | |
| 10. Title | Managing Members/Managers | | ers | Business Stre | | | Street Address | | State and Zip Code | |
| MEM · | TIME WARNER ENTERTAI, SPE LATIN AMERICAN A, | | | 1100 AVE. OF THE AMERIC | | | | NEW YO | ORK NY | |
| MEM | IVC TE | 5201 BLUE LAGOON DR SUITE | | | DR SUITE | IMAIM | FL | | | |
| | | | | | | | | | Nurther certify that the Information | |
| Indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | | | | | | |

INHSE 10 R (12-97)

SIGNATURE:

SIGNATURE AND TYPED OF CHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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