

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041265

Entity Name: SILVER KING INVESTMENTS, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

396 ALHAMBRA CIRCLE,
SUITE 210
CORAL GABLES, FL 33134 US

New Principal Place of Business:

701 BRICKELL AVENUE
SUITE 1740
CORAL GABLES, FL 33134 US

Current Mailing Address:

396 ALHAMBRA CIRCLE,
SUITE 210
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-4740044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE,
SUITE 210
CORAL GABLES, FL 33134 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: SALAZAR, JULIO CESAR
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Delete
Name: CUARTAS, LUIS SANTIAGO
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RESTREPO, DIEGO L ESQ.
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 33134 US

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

I hereby certify that the information supplied with this filing does not qualify 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: DIEGO L RESTREPO

MGR

04/27/2007

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