

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90274 039 \*\*\*\*50.00

**DOCUMENT # M02000002405**

1. Entity Name  
**PEOPLE & ARTS (LATIN AMERICA), LLC**



Principal Place of Business  
**7700 WISCONSIN AVENUE  
BETHESDA, MD 20814**

Mailing Address  
**7700 WISCONSIN AVENUE  
BETHESDA, MD 20814**

**30064962**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**6505 Blue Lagoon Dr.**

3. Mailing Address

**DNE DISCOVERY PLACE**

Suite, Apt. #, etc.

**#190**

Suite, Apt. #, etc.

**9th FLOOR**

City & State

**Miami, FL**

City & State

**SILVER SPRING MD**

Zip

**33126**

Country

**USA**

Zip

**20910-3354**

Country

**USA**

4. FEI Number

**52-2105471**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
DISCOVERY COMMUNICATIONS, INC.  
7700 WISCONSIN AVENUE  
BETHESDA, MD 20814**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**One DISCOVERY PLACE  
SILVER SPRING MD 20910-3354**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Barbara Bennett** **Sup/REASURER**

Date

**4/24/03**

Caring Phone #

**240-662-5223**

CR2E083 (10/02)