

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070411

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC8622330651**

**Entity Name:** EMPRESA ARGENTINA GENERADORA Y COMERCIALIZADORA DE SENALES, LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number: 30-0679783**

**Certificate of Status Desired: No**

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

HBO LATIN AMERICA PRODUCTION SERVICES, L.C  
396 ALHAMBRA CIRCLE  
SUITE 400  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ARGENTINA CHANNELS DISTRIBUTION, L.L.C.  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title CEO  
Name COMAS, GASTON  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title CFO  
Name TORKINGTON, DAVID  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title PRES  
Name RUBIO, EMILIO  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title SVP  
Name SARIEGO, JOSE  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title SVP  
Name SMITH, FRANCISCO  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title PRES  
Name PAGANI, JOSE MANUEL  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title EVP  
Name PERAZA, LUIS  
Address 396 ALHAMBRA CIRCLE SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

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*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSE SARIEGO**

**SVP**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SVP  
Name OTERMIN, EMILIO  
Address 396 ALHAMBRA CIRCLE  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title ASSISTANT SECRETARY  
Name HERNANDEZ, ROBERTO  
Address 396 ALHAMBRA CIRCLE  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134