

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070411

FILED
Mar 05, 2019
Secretary of State
1980823572CC

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

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

Title PRESIDENT, DISTRIBUTION & NEW MEDIA DEVELOPMENT
Name SMITH, FRANCISCO
Address 396 ALHAMBRA CIRCLE SUITE 400
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT, HBO LATIN AMERICA NETWORKS
Name PERAZA, LUIS F
Address 396 ALHAMBRA CIRCLE SUITE 400
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT, TECHNOLOGY & OPERATIONS
Name OTERMIN, EMILIO
Address 396 ALHAMBRA CIRCLE SUITE 400
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT, HUMAN RESOURCES
Name VILLA, GUILLERMO
Address 396 ALHAMBRA CIRCLE SUITE 400
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL, AND CORPORATE SECRETARY
Name HERNANDEZ, ROBERTO P
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Authorized Person(s) Detail Continued :

Title ASSISTANT CORPORATE SECRETARY

Name VACANTI, LUIS F

Address 396 ALHAMBRA CIRCLE
SUITE 400

City-State-Zip: CORAL GABLES FL 33134