

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000043765

**Entity Name:** SOUTHERN CONE NETWORKS, L.L.C.**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:** NOT APPLICABLE**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 HBO OLE DISTRIBUTION, L.L.C.  
Address 396 ALHAMBRA CIRCLE  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT, HBO LA NETWORKS  
Name PERAZA, LUIS  
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 COO  
Name CORDERO, VINCENT  
Address 396 ALHAMBRA CIRCLE  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

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

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

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

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

**Continues on page 2**

*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.*

**SIGNATURE:** LIN CHERRY

SVP

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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