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: LILLIANA VIDAL	AUTHORIZED SIGNATORY	04/01/2024
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Electronic Signature of Signing Authorized Person(s) Detail

le MEMBER	Title	AUTHORIZED SIGNATOR
THE HISTORY CHANNEL LATIN	Name	VIDAL, LILLIANA
AMERICA LLC Idress 2525 PONCE DE LEON BLVD	Address	2525 PONCE DE LEON BL SUITE 250
	City-State-Zip:	CORAL GABLES FL 3314
y-State-Zip: CORAL GABLES FL 33143		

Electronic Signature of Registered Agent

Α

Authorized Person(s) Detail :					
Title	MEMBER	Title	AUTHORIZED SIGNATORY		
Name	THE HISTORY CHANNEL LATIN	Name	VIDAL, LILLIANA		
Address	2525 PONCE DE LEON BLVD	Address	2525 PONCE DE LEON BLVD SUITE 250		
City-State-Zip:	SUITE 250 CORAL GABLES FL 33143	City-State-Zip:	CORAL GABLES FL 33143		

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.

CORAL GABLES, FL 33143 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

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

SIGNATURE:

Current Mailing Address:

SUITE 250 CORAL GABLES, FL 33143

Current Principal Place of Business:

2525 PONCE DE LEON BLVD SUITE 250

2525 PONCE DE LEON BLVD

DOCUMENT# L12000092085

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: HISTORY CHANNEL BRAZIL DISTRIBUTION, LLC

FILED Apr 01, 2024 Secretary of State 1476339595CC

Date

Certificate of Status Desired: No

Date