

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000905

**Entity Name:** HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 400  
CORAL GABLES, FL 33134

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC9135761832**

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number: 65-0897610**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 LATIN AMERICA HOLDINGS, LLC  
Address C/O HBO, 1100 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title MGRM  
Name HBO LATIN AMERICA ACQUISITIONS, LLC  
Address C/O HBO, 1100 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title MGRM  
Name OLE PREMIUM CHANNELS, LLC  
Address 2525 PONCE DE LEON BLVD STE 250  
City-State-Zip: MIAMI FL 33134

Title CEO  
Name RUBIO, EMILIO  
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 SVP  
Name SMITH, FRANCISCO  
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 SVP  
Name OTERMIN, EMILIO  
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.*

**SIGNATURE: LIN CHERRY**

**SVP**

**04/30/2017**

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

\_\_\_\_\_  
Date

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

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

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