

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000905

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

FILED
Feb 23, 2015
Secretary of State
CC1948438245

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

Title PRES, HBO LATIN AMERICA
Name RUBIO, EMILIO
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 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

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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

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title ASST. SECRETARY
Name HERNANDEZ, ROBERTO
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

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