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Discovery Latin America, Inc.									
Principal Place of Business 6505 Blue Lagoon Drive 7700 Wisconsin Avenue Suite 190 Bethesda, MD 20814 Miami, FL 33126						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 6505 Blue Lagoon Drive 7700 Wiscons				Avenue					
Suite, Apt. 190		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat Miami,	FL	Bethesda, M	, , , , , , , , , , , , , , , , , , , ,			Number 1862902		Applied For Not Applica	
33126	Country USA 6. Name and Address of Curre	20814	USA	intry		tificate of Status Desired	Fee	.75 Additional Required	_
		7. Name and Address of New Registered Agent Name							
Corporation Service Company Street Address						(P.O. Box Number is Not Acceptable)			
1201 Hays Street Tallahassee, FL 32301-2525									\exists
Tallana 	ŀ	City	FL Zip Code						
8. The above	named entity submits this staten	nept for the purpose of changir	ng its regi	stered office or	registered	agent, or both, in the Sta	te of Florida.		ᅦ
SIGNATURE			BRL	AN COU	RTNI	EY, ASST. V.P.	1/4/2	.001	- [
	Signature typed or printed name of re	egistered agent and title if applicab	le. (i	NOTE: Registered	d Agent sign	nature required when reinstatir	ng) / DATE	<u></u>	
Tax filing re	ration is eligible to satisfy its Intar equirement and elects to do so. (a on back)	ngible FILE NOW After MAY 1, 20 Make Check Payal	000 Fee		UU	10. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	,
11.		D DIRECTORS	12.	ARC FIRTHER FLORENCE	ADDITIO	NS/CHANGES TO OFFIC	CERS AND DIF	RECTORS IN 11	╛,
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNAT	URE: <u>' </u>	PED OR PRINTED NAME OF SIG	MA	IKK HOL	LING	OR 12/28/2000	1301	1771-5495	
	SIGNATURE AND TY	PED OR PRINTED NAME OF SIG	NING OFF	ICER OR DIREC	TOR	Date	Dayti	me Phone #	

ADDOMNER

STF FL32381F.1



ACCOUNT NO. : 07210000032

REFERENCE: 953457

5039530

AUTHORIZATION

COST LIMIT : \$ 908.75

ORDER DATE: January 4, 2001

ORDER TIME : 12:24 PM

ORDER NO. : 953457-005

CUSTOMER NO: 5039530

CUSTOMER: Mr. Ching Chung

Discovery Communications, Inc.

7700 Wisconsin Avenue

Bethesda, MD 20814

DOMESTIC FILINGS

NAME: DISCOVERY LATIN AMERICA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS