

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90484 038 \*\*\*550.00

DOCUMENT # **F94000002775**

1. Entity Name

**Discovery Latin America, Inc.** (P)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6505 Blue Lagoon Dr**

Suite, Apt. #, etc.

**Suite 190**

City & State

**Miami FL**

Zip

**33126**

Country

**USA**

3. Mailing Address

**1700 Wisconsin Ave**

Suite, Apt. #, etc.

City & State

**Bethesda MD**

Zip

**20814**

Country

**USA**

4. FEI Number

**59-1862902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

-7. Name and Address of Current Registered Agent

Name

**Corporate Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

City

**Tallahassee**

FL

Zip Code

**32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**See attached**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/3/02**

**301-986-1977**

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

869312

~~The~~ Discovery Latin America, Inc.

#F94000002775

**Officers:**

<u>Name</u>	<u>Title</u>	<u>Bus. Address</u>
John Hendricks	CEO	7700 Wisconsin Ave Bethesda, MD 20814
Judith McHale	President	7700 Wisconsin Ave Bethesda, MD 20814
Greg Durig	CFO/Treasurer	7700 Wisconsin Ave Bethesda, MD 20814
Mark Hollinger	Secretary	7700 Wisconsin Ave Bethesda, MD 20814
Tia Cudahy	V.P.	7700 Wisconsin Ave Bethesda, MD 20814