2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# F94000002775

Entity Name: DISCOVERY LATIN AMERICA, INC.

Current Principal Place of Business:

6505 BLUE LAGOON DRIVE
SUITE# 190
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

ONE DISCOVERY PLACE
9TH FLOOR
SILVER SPRING, MD 209013354 US

New Mailing Address:

FEI Number: 59-1862902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	HENDRICKS, JOHN	
Address:	ONE DISCOVERY PLACE	
City-St-Zip:	SILVER SPRING, MD 209103354	
Title:	P	( ) Delete
Name:	MCHALE, JUDITH	
Address:	ONE DISCOVERY PLACE	
City-St-Zip:	SILVER SPRING, MD 209103354 US	
Title:	S	( ) Delete
Name:	HOLLINGER, MARK	
Address:	ONE DISCOVERY PLACE	
City-St-Zip:	SILVER SPRING, MD 209103354 US	
Title:	VP	( ) Delete
Name:	CUDAHY, TIA	
Address:	ONE DISCOVERY PLACE	
City-St-Zip:	SILVER SPRING, MD 209103354 US	
Title:	CFO	( ) Delete
Name:	BENNETT, BARBARA	
Address:	ONE DISCOVERY PLACE	
City-St-Zip:	SILVER SPRING, MD 209103354 US	
Title:	SVP	( ) Delete
Name:	DEMARCO, LOUIS	
Address:	ONE DISCOVERY PLACE	
City-St-Zip:	SILVER SPRING, MD 20910 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS DEMARCO SVP 04/24/2006

Electronic Signature of Signing Officer or Director — Date