

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90211 001 ***150.00

DOCUMENT # F95000004373

1. Corporation Name

HBO LATIN AMERICA MEDIA SERVICES, INC.

Principal Place of Business

5201 BLUE LAGOON DR.
SUITE 270
MIAMI FL 33126

Mailing Address

5201 BLUE LAGOON DR.
SUITE 270
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0614312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S.PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502, and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME PAGANI, JOSE M
STREET ADDRESS 5201 BLUE LAGOON DR.#270
CITY-ST-ZIP MIAMI FL 33126

TITLE VPT ☒ DELETE
NAME GAMACHE, BRUCE
STREET ADDRESS 5201 BLUE LAGOON DR, SUITE 270
CITY-ST-ZIP MIAMI FL 33126

TITLE VP ☒ DELETE
NAME OPER, FELICE B
STREET ADDRESS 5201 BLUE LAGOON DR, SUITE 270
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO = M ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT = P ☐ Change ☒ Addition
2.2 NAME ELE JUAREZ
2.3 STREET ADDRESS 5201 Blue Lagoon Dr, Suite 270
2.4 CITY-ST-ZIP MIAMI, FL 33126

3.1 TITLE VICE PRESIDENT/SECRETARY = V/S ☐ Change ☒ Addition
3.2 NAME CRISTINA L NIENDOZA
3.3 STREET ADDRESS 5201 BLUE Lagoon Dr, Suite 270
3.4 CITY-ST-ZIP MIAMI, FL 33126

4.1 TITLE TREASURER = T ☐ Change ☒ Addition
4.2 NAME BLANCA FERNANDEZ
4.3 STREET ADDRESS 5201 BLUE LAGOON DR, SUITE 270
4.4 CITY-ST-ZIP MIAMI FL 33126

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Blanca Fernandez BLANCA FERNANDEZ 2/22/99 305-266-7763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0181128

CR2E034 (1/98)