2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004373

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90076 006 ***150.00

1. Entity Name

HBO LATIN AMERICA MEDIA SERVICES, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DR. SUITE 270 MIAMI FL 33126	5201 BLUE LAGOON DR. SUITE 270 MIAMI FL 33126-2065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Alhambra Plaza	One Alhambra Plaza
Suite, Apt. #, etc.: Penthouse Suite	Suite, Apt. #, etc.: Penthouse Suite
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 / Country: USA	Zip: 33134 / Country: USA

4. FEI Number 65-0614312 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S.PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOM ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	PAGANI, JOSE M	NAME	Juarez, Ele
STREET ADDRESS	5201 BLUE LAGOON DR.#270	STREET ADDRESS	One Alhambra Plaza, Penthouse Suite
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	P ☐ Delete	TITLE	EV/S ☐ Change ☒ Addition
NAME	JUAREZ, ELE	NAME	Rubio, Emilio J.
STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270	STREET ADDRESS	One Alhambra Plaza, Penthouse Suite
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VS ☒ Delete	TITLE	V/T ☒ Change ☐ Addition
NAME	MENDOZA, CRISTINA L	NAME	Fernandez, Blanca
STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270	STREET ADDRESS	One Alhambra Plaza, Penthouse Suite
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	T ☐ Delete	TITLE	V ☐ Change ☒ Addition
NAME	FERNANDEZ, BLANCA	NAME	Caputo, Vincent
STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270	STREET ADDRESS	1868 N. University Drive, Suite 301
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	Plantation, FL 33322
TITLE	☐ Delete	TITLE	V ☐ Change ☒ Addition
NAME		NAME	De Los Rios, Antonio Roberto
STREET ADDRESS		STREET ADDRESS	One Alhambra Plaza, Penthouse Suite
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	☐ Delete	TITLE	V ☐ Change ☒ Addition
NAME		NAME	Hummel, Valerie L.
STREET ADDRESS		STREET ADDRESS	One Alhambra Plaza, Penthouse Suite
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33134

CR2E034 (9/99)

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 receiver 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.

SIGNATURE: Valerie Hummel (ELECTRONIC SIGNATURE) March 8, 2000 (305)648-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #