

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90122 042 ***558.75

DOCUMENT # F95000004373

1. Entity Name
HBO LATIN AMERICA MEDIA SERVICES, INC.



Principal Place of Business
ONE ALHAMBRA PLAZA
PENTHOUSE STE
CORAL GABLES, FL 33134

Mailing Address
ONE ALHAMBRA PLAZA
PENTHOUSE STE
CORAL GABLES, FL 33134

24083601



2. Principal Place of Business
4000 Ponce de Leon Blvd.
8th Floor
Coral Gables, FL
33146
U.S.

3. Mailing Address
4000 Ponce de Leon Blvd.
8th Floor
Coral Gables, FL
33146
U.S.

08272004 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COMAS, GASTON 1 ALHAMBRA PLAZA, PENTHOUSE STE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV RUBIO, EMILIO J 1 ALHAMBRA PLAZA, PENTHOUSE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP 4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV ABASCAL, CARLOS 1 ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP 4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TORKINGTON, DAVID 1 ALHAMBRA PLAZA, PENTHOUSE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV CAPUTO, VINCENT 13801 N.W. 14 STREET SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SARIEGO, JOSE 4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMMEL, VALERIE L 1 ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie L. Hummel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04 (305)648-8105
Date Daytime Phone #

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Attachment

PAGE 2

24083601

DOCUMENT # F95000004373					
1. Entity Name HBO LATIN AMERICA MEDIA SERVICES, INC.					
Principal Place of Business ONE ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES, FL 33134			Mailing Address ONE ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		09012004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0614312				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV RUBIO, EMILIO J 1 ALHAMBRA PLAZA, PENTHOUSE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PERAZA, LUIS F. 4000 Ponce de Leon Blvd, 8th Floor CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABV ABASCAL, CARLOS 1 ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <i>Valerie L Hummel</i>			9/1/04 (305) 648-8105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		