

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 038 ***150.00

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04192005 Chg-P CR2E034 (10/03)

DOCUMENT # F95000004373 1. Entity Name HBO LATIN AMERICA MEDIA SERVICES, INC.					
Principal Place of Business 4000 PONCE DE LEON BLVD. 8TH FLOOR MIAMI, FL 33146			Mailing Address 4000 PONCE DE LEON BLVD. 8TH FLOOR MIAMI, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0614312	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete 4000 PONCE DE LEON BLVD. 8TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PERAZA, LUIS 4000 PONCE DE LEON BLVD., 8TH FLOOR CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Delete RUBIO, EMILIO J 4000 PONCE DE LEON BLVD. 8TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV <input type="checkbox"/> Delete ABASCAL, CARLOS 4000 PONCE DE LEON BLVD. 8TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Delete TORKINGTON, DAVID 4000 PONCE DE LEON BLVD. 8TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Delete SARIEGO, JOSE 4000 PONCE DE LEON BLVD. 8TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete HUMMEL, VALERIE L 4000 PONCE DE LEON BLVD. 8TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u><i>Jose Sariego</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/20/05</u> Daytime Phone # <u>305-648-8130</u>		