2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F99000000376

Entity Name: FREMANTLE PRODUCTIONS LATIN AMERICA, INC.

Current Principal Place of Business:

5200 BLUE LAGOON DR
STE 200
MIAMI, FL 331267001

New Principal Place of Business:

Current Mailing Address:

5200 BLUE LAGOON DR
STE 200
MIAMI, FL 331267001

New Mailing Address:

FEI Number: 13-3615735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, TOMAS
5200 BLUE LAGOON DR
STE 200
MIAMI, FL 331267001 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: S ( ) Delete
Name: GONZALEZ, TOMAS
Address: 10000 SW 79 COURT
City-St-Zip: MIAMI, FL 33156

Title: CD ( ) Delete
Name: OUSEY, IAN
Address: 1330 AVE OF THE AMERCAS
City-St-Zip: NEW YORK, NY 10019

Title: CFOT ( ) Delete
Name: FESTA, LOU
Address: 1330 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: VMD ( ) Delete
Name: GONZALEZ, CARLOS
Address: 201 CRANDON BLVD APT 541
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD ( ) Delete
Name: GLUCK, DOUGLAS
Address: 5200 BLUE LAGOON DR 420
City-St-Zip: MIAMI, FL 33126

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOMAS GONZALEZ S 04/29/2005

Electronic Signature of Signing Officer or Director — Date