

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F99000000376

**FILED**  
**Apr 13, 2007**  
**Secretary of State****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:**MCLOUGHLIN, LINDA  
5200 BLUE LAGOON DR  
STE 200  
MIAMI, FL 331267001 US

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: LINDA MCLOUGHLIN

04/13/2007

Electronic Signature of Registered Agent

Date

**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: S (X) Change ( ) Addition  
Name: MCLOUGHLIN, LINDA  
Address: 5200 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 331267001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DOMINKOVICS, LILIAN  
Address: 5200 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 331267001

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 Chapter 119, 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: LINDA MCLOUGHLIN

S

04/13/2007

Electronic Signature of Signing Officer or Director

Date