


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F99000003779</b> 1. Entity Name <b>AXN LATIN AMERICA INC.</b>	
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Principal Place of Business <b>10202 WEST WASHINGTON CULVER CITY, CA 90232</b>	Mailing Address <b>10202 WEST WASHINGTON BLVD. SPP #1132 CULVER CITY, CA 90232</b>
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0379160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

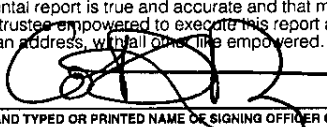
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000668988 04/11/07-90016-016 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKE, BETH 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BERG, CORII D 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRINDON, MICHAEL 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF HENDLER, DAVID C 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD WEIL, LEAH 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS VENGER, LEONARD D 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other line empowered.

**SIGNATURE:**  **AXN LATIN AMERICA INC.**  
By: **Corii D. Berg**  
Its: **EVP, Lgl Affs**

**4/2/2007 310-244-4683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #