

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L00000002101 |  |
| 1. Entity Name LATIN AMERICA BASIC CHANNEL SERVICES, L.C. | |

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| Principal Place of Business 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126 | Mailing Address 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126 |
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| 02192004 No Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 65-0984941 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, ET AL
 2100 SALZEDO STREET, SUITE 300
 CORAL GABLES, FL 33131

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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)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$50.00
Due by May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OLE COMMUNICATIONS MEDIA SERVICES, L.C. 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126 |
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 03/18/04-80025-007 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  03/11/04 (305) 753-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #