

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90032 030 \*\*\*\*50.00

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



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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**DO NOT WRITE IN THIS SPACE**

30005995



04272005No 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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

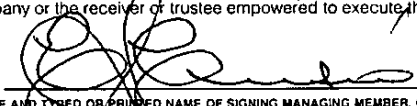
**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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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**DO NOT WRITE IN THIS SPACE**

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: 

04/29/05 (305) 260-7577  
 Date Daytime Phone #