

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002101

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** LATIN AMERICA BASIC CHANNEL SERVICES, L.C.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD., SUITE #250  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BLVD., SUITE #250  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0984941      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OLE COMMUNICATIONS INC.  
2525 PONCE DE LEON BLVD  
250  
CORAL GABLES, FL 33134 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLE COMMUNICATIONS M, EDIA SERVICES, L.C.  
Address: 2525 PONCE DE LEON BLVD, SUITE 250  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: IVC TELEVISION, INC.,  
Address: 2525 PONCE DE LEON BLVD, SUITE 250  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIRIAM CRUZ-BUSTILLO

VP

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date