

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015142

Entity Name: DISCOVERY NETWORK, L.L.C.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

1607 W. OAKRIDGE RD  
SUITE B  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

6453 CAMELLIA GARDEN DR  
205  
ORLANDO, FL 32822

## New Mailing Address:

6014 ISLAND BAY CIRCLE  
SANFORD, FL 32771

FEI Number: 59-3686646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, JUAN E  
4160 WEST 16TH AVENUE, SUITE 402  
HIALEAH, FL 33012 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: GIL, JORGE  
Address: 6453 CAMELLIA GARDEN DR APT# 205  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM ( ) Delete  
Name: VIERA, DAMARYS E  
Address: 6453 CAMELLIA GARDEN DR APT# 205  
City-St-Zip: ORLANDO, FL 32822

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GIL, JORGE  
Address: 6014 ISLAND BAY CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change ( ) Addition  
Name: VIERA, DAMARYS E  
Address: 6014 ISLAND BAY CIRCLE  
City-St-Zip: SANFORD, FL 32771

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: GIL JORGE

MGRM

04/30/2009

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