2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: VENEVISION PRODUCTION SERVICES LLC

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-1417225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, EDUARDO L
121 ALHAMBRA PLAZA
SUITE 1400
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: D
Name: ARISMENDI, ANA T
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: BANDEL, STEVEN I
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: TINOCO, PEDRO R
Address: 7321 N.W. 75TH STREET
City-St-Zip: MEDLEY, FL 33166 US

Title: P
Name: TINOCO, PEDRO R
Address: 7321 N.W. 75TH STREET
City-St-Zip: MEDLEY, FL 33166 US

Title: D
Name: HERNANDEZ, EDUARDO L
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S
Name: HERNANDEZ, EDUARDO L
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 Statues.

SIGNATURE: PEDRO R TINOCO MGR 03/21/2011

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