


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000114870 1. Entity Name VENEVISION INTERNATIONAL PUBLISHING LLC	
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Principal Place of Business 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4134386	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JENSEN, JOAN B 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLANUEVA, LUIS 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PEREZ, MANUEL 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEON, WILLIAM III 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, JOAN BURTON 550 BILTMORE WAY, SUITE 1180 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000841376
03/10/09-80015-008 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **2/21/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #