


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L05000116308</b> 1. Entity Name VENEVISION INTERNATIONAL PUBLISHING DISCOS 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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02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4134454	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JESSEN, JOAN B 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
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<b>DO NOT WRITE IN THIS SPACE</b>
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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**

U00000841692  
03/10/08-80028-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLANUEVA, LUIS MR. 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, JORGE MR. 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BELTRAN, JOSE A MR. 121 ALHAMBRA PLAZA, STE 1400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTISTEBAN, JORGE MR. 550 BILTMORE WAY, SUITE 1180 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

<b>DO NOT WRITE IN THIS SPACE</b>
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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 #