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## COVER LETTER

	Registration Section Division of Corporations			
SUBJE		ERNATIONAL FILM CHANNEL LLC f Limited Liability Company)		
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	g.	
Please t	eturn all correspondence concerning	ng this matter to the following:		
J(	OAN BURTON JENSEN			
	(Name of Person)			
V	ENEVISION INTERNATIO	ONAL LLC	SEC	07 MAY -9
12	21 ALHAMBRA PLAZA, SU	JITE 1400	AFFA	7
	(Address)		SEE O	
C(	ORAL GABLES, FLORIDA 3 (City/State and Zip Code)	33134	FLORIDA	26 : II HA
For furt	ther information concerning this ma	atter, please call:		
JOAN	BURTON JENSEN (Name of Person)	at ( <u>305</u> ) <u>442-3452</u> (Area Code & Daytime Telephon	ie Numi	ber)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		,
	Enclosed is a check for the follow	ving amount:		
1	<b>√</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the limited liability company is: VENEVISION INTERNATIONAL FILM CHANNEL LLC .
- 2. The mailing address of the limited liability company is: 121 ALHAMBRA PLAZA, SUITE 1400

CORAL GABLES, FLORIDA 33134

March 23, 2006

L06000031056

3. Date of filing/registration in Florida

- 4. Document number
- 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOAN BURTON JENSEN

Name

550 BILTMORE WAY, SUITE 900

Address

CORAL GABLES, FLORIDA 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

JOAN BURTON JENSEN

Name

121 ALHAMBRA PLAZA, SUITE 1400

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

JOAN BURTON JENSEN, Authorized Representative of member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Joan Burton Jensen <u>Division of Corporations</u>, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00