

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081212

FILED
Apr 28, 2008
Secretary of State

Entity Name: VENEVISION MOBILE 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: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTON JENSEN, JOAN
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 () Delete
Name: VILLANUEVA, LUIS
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

Title: D () Delete
Name: PEREZ, MANUEL
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

Title: D () Delete
Name: KEON, III, WILLIAM T
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

Title: P () Delete
Name: VILLANUEVA, LUIS
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

Title: T () Delete
Name: PEREZ, MANUEL
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

Title: S () Delete
Name: JENSEN, JOAN B
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: VILLANUEVA, LUIS
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOAN JENSEN

S

04/28/2008

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