

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000044284

FILED
Feb 08, 2012
Secretary of State

Entity Name: ARGENTINA BASIC NETWORKS, L.L.C.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.
8TH FLOOR
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD.
8TH FLOOR
CORAL GABLES, FL 33146 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:

HBO LATIN AMERICA PRODUCTION SERVICES, L.C
4000 PONCE DE LEON BLVD.
8TH FLOOR
CORAL GABLES, FL 33146 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: MGRM
Name: SOUTHERN CONE NETWORKS, L.L.C.
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: CEO
Name: COMAS, GASTON
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PRES
Name: PAGANI, JOSE MANUEL
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: EVP
Name: PERAZA, LUIS
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: CFO
Name: TORKINGTON, DAVID
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: SVP
Name: SARIOGO, JOSE
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 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 Statutes.

SIGNATURE: JOSE SARIOGO

SVP

02/08/2012

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