


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90151 008 ****50.00

DOCUMENT # M00000000805					
1. Entity Name SKY ENTERTAINMENT PROGRAMMING LATIN AMERICA, LLC					
Principal Place of Business 14817 OAK LANE MIAMI LAKES, FL 33016			Mailing Address 14817 OAK LANE MIAMI LAKES, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip		Country		02132004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CORPWIZ REGISTERED AGENTS, INC 8300 NW 53 STREET, SUITE 308 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Corpwiz Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 8750 NW 36 Street Suite 220 City Miami FL Zip Code 33178		
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 <u>Janna Itrago Vice President</u> 2/20/04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKY LATIN AMERICA, LLC 14817 OAK LANE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Janna Itrago</u>			2/23/04		305-816-5000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>