

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000488

Entity Name: WBTV DISTRIBUTION, LLC

FILED  
May 03, 2004  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 51-0379532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O HBO LATIN AMERICA  
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/MEMBERS:

Title: MGRM ( ) Delete  
Name: TWE LATIN AMERICA HO, LDINGS, LLC  
Address: 1100 AVENUE OF THE AMERICAS, SUITE H-931  
City-St-Zip: NEW YORK, NY 10036

Title: MGRM ( ) Delete  
Name: LATIN AMERICA WBTV H, OLDINGS  
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: RUBIO, EMILIO  
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: COMAS, GASTON  
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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: MGR ( ) Change (X) Addition  
Name: SOLETT, ALEJANDRA  
Address: 4000 PONCE DE LEON BLVD., 8TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GASTON COMAS

MGR

05/03/2004

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