



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2007 8:00 am
Secretary of State

05-16-2007 90173 041 ****50.00


DOCUMENT # M01000000488 1. Entity Name WBTV DISTRIBUTION, LLC					
Principal Place of Business 777 BRICKELL AVE 1300 MIAMI, FL 33131 US			Mailing Address 777 BRICKELL AVE 1300 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 51-0379532				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				06272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TWE LATIN AMERICA HOLDINGS, LLC 1100 AVENUE OF THE AMERICAS, SUITE H-931 NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARNER COMMUNICATIONS INC. ONE TIME WARNER CENTER NEW YORK, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPINELLE, MIKE 777 BRICKELL AVE STE 1300 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			MICHAEL SPINELLE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 6/29/07 (305) 995-0710 Daytime Phone #		

30011004



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/16/2007-90173-041-\$50.00-\$50.00

DOCUMENT # M01000000488	
1. Entity Name WBTV DISTRIBUTION, LLC	

ATTACHMENT

30011364

Principal Place of Business 777 BRICKELL AVE 1300 MIAMI, FL 33131 US	Mailing Address 777 BRICKELL AVE 1300 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0379532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TWE LATIN AMERICA HOLDINGS, LLC <input checked="" type="checkbox"/> Delete 1100 AVENUE OF THE AMERICAS, SUITE H-931 NEW YORK, NY 10036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WARNER COMMUNICATIONS, INC. ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPINELLE, MIKE <input type="checkbox"/> Delete 777 BRICKELL AVE STE 1300 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: MIKE SPINELLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/7/07 (305) 995-6719

Date Daytime Phone #