2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000491

Entity Name: A&E MUNDO, LLC

Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE ALHAMBRA PLAZA, PENTHOUSE 4000 PONCE DE BLVD. CORAL GABLES, FL 33134

8TH FLOOR

CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

ONE ALHAMBRA PLAZA, PENTHOUSE 4000 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 8TH FLOOR

CORAL GABLES, FL 33146

FEI Number: 51-0379529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD C/O HBO LATIN AMERICA

4000 PONCE DE LEON BLVD., 8TH FLOOR PLANTATION, FL 33324 CORAL GABLES, FL 33146 ÚS

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: 04/30/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

MGRM

MGR

RUBIO, EMILIO

(X) Change () Addition

(X) Change () Addition

4000 PONCE DE LEON BLVD., 8TH FLOOR

LATIN AMERICA HOLDIN, GS

CORAL GABLES, FL 33146

MGRM () Change () Addition () Delete

A&E OLE NETWORKS. Name: Name: 5201 BLUE LAGOON DRIVE SUITE 200 Address: Address: City-St-Zip:

City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete LATIN AMERICA HOLDIN, GS Name: Address: ONE ALHAMBRA PLAZA, PH City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: RUBIO, EMILIO Name: Name:

ONE ALHENBRZ PLAZA PH. 4000 PONCE DE LEON BLVD., 8TH FLOOR Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete Title: MGR (X) Change () Addition GASTON, COMAS Name: GAZTON, COMES Name:

ONE ALHEMBRZ PLAZA PH 4000 PONCE DE LEON BLVD., 8TH FLOOR Address: Address:

City-St-Zip: CORAL SPRINGS, FL 33134 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 04/30/2004