

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 033 *****50.00

DOCUMENT # M02000002403

1. Entity Name
ANIMAL PLANET (LATIN AMERICA), L.L.C.



Principal Place of Business
7700 WISCONSIN AVENUE
BETHESDA, MD 20814

Mailing Address
7700 WISCONSIN AVENUE
BETHESDA, MD 20814

2. Principal Place of Business
ONE DISCOVERY PLACE
Suite, Apt. #, etc.
9th FLOOR

3. Mailing Address
ONE DISCOVERY PLACE
Suite, Apt. #, etc.
9th FLOOR

City & State
SILVER SPRING MD

Zip
20910-3354

Country
USA

10103752

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
52-2105798

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

B. 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's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DISCOVERY COMMUNICATIONS, INC. 7700 WISCONSIN AVENUE BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE DISCOVERY PLACE SILVER SPRING MD 20910-3354 <input checked="" 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 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: *Barbara Bennett* **BARBARA BENNETT SRVP/TREASURER 5/1/03 240-662-5223**

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

CR2003 (10/02)