FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90274 039 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002405

1. Entity Name
PEOPLE & ARTS (LATIN AMERICA), LLC

30064962

Principal Place of Business
7700 WISCONSIN AVENUE
BETHESDA, MD 20814

Mailing Address
7700 WISCONSIN AVENUE
BETHESDA, MD 20814

2. Principal Place of Business		3. Mailing Address	
6505 Blue Lagoon Dr.		ONE DISCOVERY Place	
Suite, Apt. #, etc. #190		Suite, Apt. #, etc. 9th FLOOR	
City & State Miami, FL		City & State SILVER SPRING MD	
Zip 33126	Country USA	Zip 20910-3354	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2105471** ☐ 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

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DISCOVERY COMMUNICATIONS, INC.	NAME	
STREET ADDRESS	7700 WISCONSIN AVENUE	STREET ADDRESS	One DISCOVERY PLACE
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP	SILVER SPRING MD 20910-3354
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: B Bennett Barbara Bennett SVP/TREASURER 4/24/03 240-662-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #