

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001494

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** TELEVISA INTERNACIONAL, LLC

**Current Principal Place of Business:**

6355 N.W. 36TH STREET, SUITE 309  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6355 N.W. 36TH STREET, SUITE 309  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0957799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NASSER, AISHA P  
6355 N.W. 36TH STREET, SUITE 309  
MIAMI, FL 33166 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/MANAGERS:**

**Title:** MP  
**Name:** GARCIA GONZALEZ, JOSE ANTONIO  
**Address:** AV. VASCO DE QUIROGA 2000, COL. SANTA FE,  
**City-St-Zip:** MEXICO CITY,, DF 01210 MX

**Title:** MVPS  
**Name:** BALCARCEL SANTA CRUZ, JOAQUIN  
**Address:** AV.VASCO DE QUIROGA 2000, COL.SANTA FE  
**City-St-Zip:** MEXICO CITY, DF 01210 MX

**Title:** MVPT  
**Name:** LUTTEROTH ECHEGOYEN, JORGE A  
**Address:** AV.VASCO DE QUIROGA 2000, COL.SANTA FE  
**City-St-Zip:** MEXICO CITY, DF 01210 MX

**Title:** MAS  
**Name:** DOMINGUEZ COBIAN, MARIA AZUCENA  
**Address:** AV.VASCO DE QUIROGA 2000, COL.SANTA FE  
**City-St-Zip:** MEXICO CITY, DF 01210 MX

I hereby 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:** THOMAS R. SPENCER

LREP

03/21/2011

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