

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004590

FILED
Apr 21, 2006
Secretary of State

Entity Name: TELEMUNDO-RTI PRODUCTIONS, L.L.C.

Current Principal Place of Business:

2290 WEST 8TH AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

2290 WEST 8TH AVENUE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 14-1865416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: TELEMUNDO NETWORK GR, OUP, LLC
Address: 2290 WEST 8TH AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: MGRM () Delete
Name: NORTH BOWL INVESTMEN, T CORP.
Address: C/O P. WILLS CALLE 63F#32-15
City-St-Zip: BOGOTA COLUMBIA,

Title: MGRM () Delete
Name: SOUTH PEAK OVERSEAS., LTD.
Address: C/O F. RESTREPO 63F#32-15
City-St-Zip: BOGOTA COLUMBIA,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELIZABETH A NEWELL

AS

04/21/2006

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