

To:

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2024-02-29 14:58:32 CST

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From: David Thomas

2/29/24, 3:51 PM

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: legalentities@wbd.com

Foreign Limited Liability Company

HBO Latin America Acquisitions0, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,210.00

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2024 FEB 29 PM 3:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2024 FEB 29 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 01 2024

1. LEMIEUX

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. HBO Latin America Acquisitions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. January 1, 2020  
(Date first transacted business in Florida (prior to registration)  
(See sections 603.0994 & 605.0903, F.S. to determine penalty liability)

5. 230 Park Avenue South, 7th Floor 6. 230 Park Avenue South, 7th Floor  
(Street Address of Principal Office) (Mailing Address)

New York, NY 1003 New York, NY 10003

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation Florida 33324  
(City) (Zip code)

**FILED**  
**2024 FEB 29 AM 9:39**  
**SEC. OF STATE**

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System  
By: Stephen Rullis Stephen Rullis, Assistant Secretary  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Todd Francis Davis</u>	<input type="checkbox"/> Manager	Name: <u>Fraser Martin Woodford</u>
<input type="checkbox"/> Member	Address: <u>230 Park Avenue South</u>	<input type="checkbox"/> Member	Address: <u>230 Park Avenue South</u>
<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10003</u>	<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10003</u>
Person	_____	Person	_____
Other <input type="checkbox"/>	<u>_____</u>	Other <input type="checkbox"/>	<u>_____</u>
 <input type="checkbox"/> Manager	 Name: <u>Tara L. Smith</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>230 Park Avenue South</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10003</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<u>_____</u>	<input type="checkbox"/> Other	<u>_____</u>
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<u>_____</u>	<input type="checkbox"/> Other	<u>_____</u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tara L. Smith

Signature of an authorized person

Tara L. Smith

# Delaware


The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HBO LATIN AMERICA ACQUISITIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State