

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

ORIGINAL

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR -8 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** M97000000259

TELEVISA INTERNATIONAL, LLC  
201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

AS-AP  
CM

1a. Principal Place of Business Address

201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

2. Principal Place of Business

201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

1800

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

2a. Mailing Address

201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

1800

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

3. Date Organized or Qualified

05/13/1997

3a. State of Formation

DE

4. FEI Number

65-0744753

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

7000002487517--4

Suite, Apt. #, etc.

-04/14/98--01016--002

\*\*\*\*188.75 \*\*\*\*188.75

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR. ~~DAM, LAWRENCE W.~~  
MGR. ~~DAM, LAWRENCE W.~~

~~2121 AVENUE OF THE STARS~~  
201 S. BISCAYNE BLVD.  
Suite #1800

~~LOS ANGELES CA~~  
MIAMI, FL 33131

11. I do 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 annual 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 receiver in possession of the company and authorized to execute this report as required by Chapter 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Lawrence W. Dam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(305) 377-8125