


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>			
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # M98000001011</b>			
MGM NETWORKS LATIN AMERICA, LLC 2 ALHAMBRA PLAZA, SUITE 800 CORAL GABLES FL 33134		1a. Principal Place of Business Address 2 ALHAMBRA PLAZA, SUITE 800 CORAL GABLES FL 33134			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/14/1998	
City & State		City & State		3a. State of Formation DE	
Zip		Country		4. FEI Number 95-4694430	
				5. Date of Last Report	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
PEREZ, MELVIN 2 ALHAMBRA PLAZA, SUITE 800 CORAL GABLES FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc. 800002902148--4		
			City -06/11/99--01040--002 ***197.50 ***197.50 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 _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PUP0-MAYO, GUSTAVO	2 ALHAMBRA PLAZA, SUITE 800		CORAL GABLES FL	
MGRM	PEREZ, MELVIN	2 ALHAMBRA PLAZA, SUITE 800		CORAL GABLES FL	
<b>AL JUN - 9 1999</b>					

**FILED**  
99 JUN - 8 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *Melvin M. Perez* MELVIN M. PEREZ 5/28/99 (305) 445-4350

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ PHONE # \_\_\_\_\_