

2002

DOCUMENT #

1. Entity Name

MGM NETWORKS LATIN AMERICA, LLC

Principal Place of Business

2800 PONCE DE LEON BLVD., #1320
CORAL GABLES FL 33134

Mailing Address

2800 PONCE DE LEON BLVD., #1320
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PEREZ, MELVIN

2800 PONCE DE LEON BLVD., STE. #1320
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

P

PUPO-MAYO, GUSTAVO

☐ DeleteSTREET ADDRESS
CITY-ST-ZIP2800 PONCE DE LEON BLVD., #1320
CORAL GABLES FL 33134TITLE
NAME

VCFO

PEREZ, MELVIN

☐ DeleteSTREET ADDRESS
CITY-ST-ZIP2800 PONCE DE LEON BLVD., #1320
CORAL GABLES FL 33134TITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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NAMESTREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

03 FEB 11 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009348066

12/04/02--01044--006 **155.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4694430

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$5.00 Additional
Fee Required

CR2E083 (4/02)

REINSTATEMENT

☐ Change ☐ Addition