954-958-3203

2001 UNIFORM BUSINESS REPORT (UBR)

DIRECTV LATIN AMERICA, LLC Pirnopal Pace of Business DESPACHO DE ESPECIALISTAS EN ADOGACÍA, SA P.O. BOX 1864-1000. DE LA CASA ITALIA, 665 SUBJ. APL #, dic. 2. Principal Pace of Business Subj. Apl. #, dic. 2. Principal Pace of Business Subj. Apl. #, dic. 2. Principal Pace of Business Subj. Apl. #, dic. 2. Principal Pace of Business Subj. Apl. #, dic. DO NOT WRITE IN THIS SPACE Applied Fire DO NOT WRITE IN THIS SPACE Applied Fire DO NOT WRITE IN THIS SPACE Applied Fire Near Applied Fire The Applied Fire Near Address (P.O. Box Number is Not Acceptable) The Applied Fire Near Ap	DOCUMENT # M9900000555 DIRECTV LATIN AMERICA, LLC					SEGRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Malling Address 240 E COMERCIAL BLVD. 10TH FLOOR FT LAUDERDALE FL 32009 2. Principal Place of Business Sulto, Act. 4, etc. City & State									
Principal Place of Desiriess DESPACHO DE ESPECIALISTAS EN ABOGACIA. SA POL DO INTERPOLATION DE LA CASA TIALIA. 695 200 E. COMMERCIAL BLVD. 10TH FLOOR FT LAUDERDALE FL 33008 PT LAUDERDALE F	1					OLFER-5 F	om մեջ ենե		
DESPACHO DE ESPECALISTAS EN ABOGACIA. SA P.O. BOX 1884-100. DE LA CASA ITALIA 685 240 E. COMMERCIAL BLVD. 10TH FLOOR FT LAUDERDALE FL. 33308 FT LAUDERDALE FL. 33308 SUIDO. APL #. etc. DO NOT WRITE IN THIS SPACE A. FEI Number DO NOT WRITE IN THIS SPACE A. FEI Number A. FEI Number State Cry & State A. FEI Number 9. Country Street Address of New Registered Agent To Name and Address of New Registered Agent Cry & State A. FEI Number is Not Acceptable Fee Required Fe	Principal Plac	e of Business	Mailing Address			OLICO 3	11 4. 44		
P.O. BOX 1884-000. DE LA CASA TALIA. 685 FT LAUDERDALE FL. 33008 SAN JOSE. COSTA RICA Z. Principal Places of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Sc. Co			5	RIVE 10TH FLOOR					
2. Principal Place of Business Suite, Apt. #, etc.									
Sufe. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE	SAN JOSE, C	COSTA RICA						1 11/11/11/11	
City & State	2. Principal P	lace of Business	3. Mailing Address						
City & State					·	DO NOT WORKEN TWO OD OF THE REAL PROPERTY.			
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required. \$5.00 Additional Fee Required.	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		MJH		
Zip Country	City & State City & State								
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE SIGNATURE SIGNATURE SIGNATURE MARK Check Payable to Department of State MANAGING MEMBERS ID. ADDITIONS/CHANGES ITILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MARK Check Payable to Department of State MIGRM DIRECTY-LATTH AMERICA_INC- SIRET ADDRESS OUTY-ST-ZP ITILE MARK MANAGIND OVERSEAS CORPORATION 1500 MIAMIL EDTER, 201 SOUTH BISCAYNE BLVD MAKE ADDRESS OUTY-ST-ZP ITILE MARK MARK MARK MARK MARK MARK MANDAD OVERSEAS CORPORATION 1500 MIAMIL EDTER, 201 SOUTH BISCAYNE BLVD MAKE ADDRESS OUTY-ST-ZP ITILE MARK MARK MARK MARK MARK MARK MARK MANDAD OVERSEAS CORPORATION 1500 MIAMIL EDTER, 201 SOUTH BISCAYNE BLVD MAKE STREET ADDRESS OUTY-ST-ZP ITILE MARK M	Zip	Country	Zip	D Country					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE City FL Zip Code	F					•	Fee Require		
SIGNATURE Signature, hybrid or prired name of registered depril and the if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS SIGNATURE MARM MANAGING MEMBERS / MEMBERS SITUE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MARM MILE NOW!!! FEE IS \$50.00 MARM DIFFECTIVE LATTLY A MERICA, INC. 2230 E IMPERIAL HWY, BLDG R8 EL SEGUINDO CA 90245 SIREST ADDRESS CITY-ST-ZP TITLE MARM MAYDAD OVERSEAS CORPORATION SIREST ADDRESS CITY-ST-ZP MANAGING MEMBERS / Deide MANAGING A MERICA DEIGES CITY-ST-ZP MANAGING MEMBERS / Deide MANAGING MEMBERS / DEIDE MEMBE	-	6. Name and Address of Current	Registered Agent	Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinfolding) DATE	O T COD	DODATION CVCTEM							
PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hyped or printed name of implement agent and title if applicable.				Street	Street Address (P.O. Box Number is Not Acceptable)				
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remaiding)									
SIGNATURE Signature, typed or prired name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Patrician (2 cont.)			City		F	Zip Cod	е	
SIGNATURE Signature, typed or prired name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8. The above	named entity submits this statement for	or the purpose of changing	its registered office of	or registered agent,	or both, in the State of Florida.	<u></u>		
FILE NOW!!! FEE IS \$50.00		·		•					
Make Check Payable to Department of State 9.	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signs	ture required when reinstati	ng) DATE			
Make Check Payable to Department of State				NOWN EEE IC	ΦΕΩ ΩΩ	20000367	<u>5462</u>	8	
9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM Delete NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MAMI FL 33131 MGRM Delete NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME					*	-02/13/01	-01005	-021	
MGRM Delete TITLE NAME DELETE DIRECTV LATEN AMERICA INC. DIRECTV LATEN AMERICA							· · · · · · · · · · · · · · · · · · ·	50.00	
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MIAMI CENTER, 201 SOUTH BISCAYNE BLVD MIAMI FL 33131 MGRM DARLENE INVESTMENTS, LLC P.O. BOX 694, GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, BWI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						ADDITIONS/CHANGE		☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAVIDAD OVERSEAS CORPORATION 1500 MIAMI CENTER, 201 SOUTH BISCAYNE BLVD MIAMI FL 33131 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP MGRM NAVIDAD OVERSEAS CORPORATION 1500 MIAMI CENTER, 201 SOUTH BISCAYNE BLVD MIAMI FL 33131 MGRM DARLENE INVESTMENTS, LLC P.O. BOX 694, GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, BWI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME					DIRECTU	LATEN AMERICA HOLD			
MGRM NAVIDAD OVERSEAS CORPORATION STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DARLENE INVESTMENTS, LLC P.O. BOX 694, GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, BWI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		EL SEGUNDO CA 90245		<u>`</u>			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	j	MGRM				•	Griange		
MIAMI FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STREET ADDRESS		•				ļ		
MAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP					··			
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM			☐ Delete				Change	☐ Addition	
CITY-ST-ZIP CAYMAN ISLANDS, BWI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME TITLE NAME TITLE NAME TITLE NAME			CDAND CAVMAN					}	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME NAME NAME NAME Addition	CITY-ST-ZIP	Y-ST-ZIP CAYMAN ISLANDS, BWI							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TITLE		☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME									
TITLE Delete TITLE Change Addition NAME Change MAME								ļ	
NAME NAME	-		☐ Delete				Change	Addition	
OVOCTT ADDROG	1	_	Unicio						
·	STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-Z I P								
TITLE Delete TITLE Change Addition	Į.		☐ Delete				∐ Change	L_ Addition	
NAME STREET ADDRESS STREET ADDRESS	i								
CITY-ST-ZIP CITY-ST-ZIP	1							į	
11. I hereby certify that the information supplied with this filling 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 of trustee employered to execute this report as required by Chapter 608. Florida Statutes	11 I haraby a	ertify that the information supplied with	h this filing does not qualify	for the exemption et:	stad in Section 110 i	77(3Vi) Florida Statutas I further c	ortific that the i	oformation	