

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000555**

1. Entity Name

DIRECTV LATIN AMERICA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

Principal Place of Business

Mailing Address

DESPACHO DE ESPECIALISTAS EN ABOGACIA, SA
P.O. BOX 1884-1000. DE LA CASA ITALIA. 685
SAN JOSE. COSTA RICA

2400 E. COMMERCIAL BLVD., 10TH FLOOR
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-4517063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

200003675462--8
-02/13/01--01005--021
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIRECTV LATIN AMERICA, INC.
2230 E IMPERIAL HWY, BLDG R8
EL SEGUNDO CA 90245** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTV LATIN AMERICA HOLDINGS, INC. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NAVIDAD OVERSEAS CORPORATION
1500 MIAMI CENTER, 201 SOUTH BISCAYNE BLVD
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DARLENE INVESTMENTS, LLC
P.O. BOX 694, GEORGE TOWN, GRAND CAYMAN
CAYMAN ISLANDS, BWI** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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:

Jama S. Nar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-29-01

954-958-3203

Date

Daytime Phone #

CR2E083 (11/00)