

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/6/2005-90012-002-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 9:17

DOCUMENT # M99000000555					
1. Entity Name DIRECTV LATIN AMERICA, LLC					
Principal Place of Business 1211 AVENUE OF THE AMERICAS ATTN: MICHAEL HARTMAN, ESQ. NEW YORK, NY 10036			Mailing Address 1211 AVENUE OF THE AMERICAS ATTN: MICHAEL HARTMAN, ESQ. NEW YORK, NY 10036		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07012005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 94-4517063				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIRECTV LATIN AMERICA HOLDINGS, INC. 2230 E IMPERIAL HWY, BLDG R8 EL SEGUNDO, CA 90245 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARLENE INVESTMENTS, LLC P.O. BOX 694, GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, BWI. <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael Hartman</i>			9/24/05 212/462-5036		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

Michael Hartman
DIRECTV Latin America, LLC