

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90746 029 *****50.00

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DOCUMENT # M99000000555

1. Entity Name

DIRECTV LATIN AMERICA, LLC



Principal Place of Business

**2400 EAST COMMERCIAL BOULEVARD
10TH FLOOR
FT. LAUDERDALE FL 33308**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE **MGRM** ☐ Delete
NAME **PLATAFORMA DIGITAL, S.A.**
STREET ADDRESS **C/O CLEARY GOTTlieb, ONE LIBERTY PLAZA**
CITY-ST-ZIP **NEW YORK NY 10006**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

James J. Vasquez **RECEIVED** *Director Latin America Holdings, Inc.* **4/13/03**

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

Date

954-~~888-8888~~

CR2E083 (10/02)