24 MEADOWLAND PARKWAY
SECAUCUS, NJ 07094
(201) 348-2641
(201) 617-7755 FAX

B92000000058

December 18, 1996

UNIVISION

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

400002050044--9
-01/08/97--01028--015
*****52.50 *****52.50

Dear Sir/Madam:

Re: The Univision Network Holding Limited Partnership
Document # B92000000058

The above entity was liquidated on October 2, 1996. Enclosed please find a Certificate of Cancellation, a signed notary acknowledgment, and a check in the amount of $52.50.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 20 PM 12:54

If there are any additional questions, please contact me on extension 4214 at the above number. Thank you for your cooperation.

Very truly yours,

Craig Ficke
Tax Manager

Cancellation.

Name Availability	
Document Number	
Updates	encl.
Verifier	C
Acknowledgment	DCC
W. P. Verifyer	DCC

e. TAX
FILING 52.50
R. AGENT FEE
C.
TOTAL
N. CHECK
BALANCE DUE
REFUND

CERTIFICATE OF CANCELLATION
FOR

THE UNIVISION NETWORK HOLDING LIMITED PARTNERSHIP

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

12-6-96

Robert Cahill
V.P. / Secretary
UNHLP

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On this ____ day of SEE ATTACHED LETTER, 19__, personally appeared before me,

- ☐ who is personally known to me
- ☐ whose identity I proved on the basis of _____

_____

_____
Notary Public Signature

_____
Notary's Printed Name

Seal

My Commission Expires: _____

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DIVISION OF CORPORATIONS
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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

On December 6, 1996 (Date) before me, Susan E. Martini (Name and Title of Officer (e.g., "Jane Doe, Notary Public")),

personally appeared Robert V. Cahill (Name(s) of Signer(s)),

☒ personally known to me – **OR** – ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SUSAN E. MARTINI
Commission # 1070449
Notary Public – California
Los Angeles County
My Comm. Expires Aug 27, 1999

WITNESS my hand and official seal.

Susan E. Martini
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Individual	☐ Individual
☐ Corporate Officer Title(s): _____	☐ Corporate Officer Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact	☐ Attorney-in-Fact
☐ Trustee	☐ Trustee
☐ Guardian or Conservator	☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
RIGHT THUMBPRINT OF SIGNER Top of thumb here	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer Is Representing: _____	Signer Is Representing: _____