## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # F9900005851 1. Entity Name UNIVISION ONLINE, INC. 05-08-2002 90130 041 \*\*\*150.00 Principal Place of Business Mailing Address 9405 NW 41ST STREET 500 FRANK W BURR BLVD MIAMI FL 33178 6TH FLOOR TEANECK NJ 07666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-4078167 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME CAHILL, ROBERT V NAME STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 3050 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-6022 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME . SARALEGUI, JAVIER NAME STREET ADDRESS 605 THIRD AVENUE, 12TH FLOOR STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90045 CITY-ST-ZIP TITLE CF<sub>0</sub> Delete TITLE Change ☐ Addition NAME **BLANK, GEORGE** NAME 500 FRANK W. BURR BLVD., 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7/P TEANECK NJ 07666 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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