

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 15 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005657

1. Entity Name  
UNIVISION RADIO NATIONAL SALES, INC.



Principal Place of Business  
3102 OAK LAWN AVENUE, SUITE 215  
DALLAS, TX 75219

Mailing Address  
3102 OAK LAWN AVENUE, SUITE 215  
DALLAS, TX 75219

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
75-2788318

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

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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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE ~~CEO~~ **CEOP**  
NAME TICHENOR, MCHENRY T JR.  
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215  
CITY-ST-ZIP DALLAS, TX 75219

TITLE **VP**  
NAME GEROW, DAVID  
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215  
CITY-ST-ZIP DALLAS, TX 75219

TITLE **COO**  
NAME STONE, GARY  
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215  
CITY-ST-ZIP DALLAS, TX 75219

TITLE ~~SPP~~ **Treasurer**  
NAME HINSON, JEFFREY T  
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215  
CITY-ST-ZIP DALLAS, TX 75219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900039532719  
07/26/04--01063--008 \*\*550.00

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12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

7/13/04  
Date

214-525-7707  
Daytime Phone #