## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000005657

Entity Name: UNIVISION RADIO CORPORATE SALES, INC.

FILED Feb 07, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:			
3102 OAK DALLAS,		UE, SUITE 215				
Current Mailing Address:			New Maili	New Mailing Address:		
6TH FLOC	K W BURR BI DR K, NJ 07666	_VD				
FEI Number	: 75-2788318	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD				
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GEROW, DAV	VN AVENUE, SUITE 215	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STONE, GARY	VN AVENUE, SUITE 215	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HOBSON, AND	OF THE STARS, SUITE 3050	Title: Name: Address: City-St-Zip:	CFO ( HOBSON, ANI 500 FRANK V TEANECK, NJ	V BURR BLVD	
Title: Name:	CTO ( MCCANN, SHA	) Delete WN	Title: Name:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONALD PETERS CPA 02/07/2008

500 FRANK W BURR BLVD 6TH FLOOR

TEANECK, NJ 07666

Address:

City-St-Zip: