

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000037330

**Entity Name:** CARACOL TELEVISION, INC.**Current Principal Place of Business:**150 ALHAMBRA CIRCLE  
SUITE 1250  
CORAL GABLES, FL 33134**Current Mailing Address:**150 ALHAMBRA CIRCLE  
SUITE 1250  
CORAL GABLES, FL 33134 US**FEI Number:** 65-0587856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | DP                                 |
| Name            | FONSECA, ROSA EMILIA               |
| Address         | CANAL CARACOL CALLE 103 NO. 69B-43 |
| City-State-Zip: | BOGOTA, COLOMBIA XX XX             |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | DT                                 |
| Name            | CARDENAS, RUBEN DARIO              |
| Address         | CANAL CARACOL CALLE 103 NO. 69B-43 |
| City-State-Zip: | BOGOTA, COLOMBIA XX XX             |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | D                                  |
| Name            | MARTINEZ, JORGE                    |
| Address         | CANAL CARACOL CALLE 103 NO. 69B-43 |
| City-State-Zip: | BOGOTA, COLOMBIA XX XX             |

*I hereby 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 all other like empowered.*

**SIGNATURE:** RUBEN DARIO CARDENAS

MR

03/24/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date