

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001483

**Entity Name:** HEMISPHERE MEDIA GROUP, INC.**Current Principal Place of Business:**4000 PONCE DE LEON BOULEVARD  
SUITE 650  
CORAL GABLES, FL 33146**Current Mailing Address:**4000 PONCE DE LEON BOULEVARD  
SUITE 650  
CORAL GABLES, FL 33146 US**FEI Number:** 80-0885255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	SOKOL, ALAN J.
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

Title	SECRETARY, GENERAL COUNSEL
Name	TOLSTON, ALEX J
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	ZINTERHOFER, ERIC
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	TASSLER, NINA
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	FREY, ANDREW
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

Title	CHIEF FINANCIAL OFFICER
Name	FISCHER, CRAIG D.
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

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:** ALEX J. TOLSTON**SECRETARY****04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date