

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001483

**Entity Name:** HEMISPHERE MEDIA GROUP, INC.**Current Principal Place of Business:**2000 PONCE DE LEON BOULEVARD  
SUITE 500  
CORAL GABLES, FL 33134**Current Mailing Address:**2000 PONCE DE LEON BOULEVARD  
SUITE 500  
CORAL GABLES, FL 33134 US**FEI Number:** 80-0885255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	P, CEO
Name	SOKOL, ALAN
Address	2000 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	FISCHER, CRAIG D
Address	2000 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY, GC
Name	TOLSTON, ALEX J
Address	2000 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP
Name	VALLS, NICOLAS J
Address	2000 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

*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****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date