

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 357493**

1. Entity Name

EDITORIAL TELEVISA - USA, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91321 040 ***158.75

Principal Place of Business

Mailing Address

6355 N.W. 36TH STREET
VIRGINIA GARDENS FL 33166**6355 N.W. 36TH STREET**
VIRGINIA GARDENS FL 33166**732261**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0046798**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGLESIAS, MARIA D
6355 NW 36TH STREET
VIRGINIA GARDENS FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIADA, LAURA	NAME	RAMON GARZA
STREET ADDRESS	6355 NW 36TH STREET	STREET ADDRESS	6355 NW 36th STREET
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	CITY-ST-ZIP	VIRGINIA GARDENS FL 33166
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINGBERG, CHARLES	NAME	GERARDO MORA DOMINGUEZ
STREET ADDRESS	6355 NW 36TH ST	STREET ADDRESS	6355 NW 36th STREET
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	CITY-ST-ZIP	VIRGINIA GARDENS FL 33166
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, DE S MARTIN	NAME	
STREET ADDRESS	6355 NW 36TH ST	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, MARIA D	NAME	
STREET ADDRESS	6355 NW 36TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)