

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 357493 1. Entity Name EDITORIAL TELEVISA - USA, INC.	
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Principal Place of Business 6355 N.W. 36TH STREET VIRGINIA GARDENS, FL 33166	Mailing Address 6355 N.W. 36TH STREET VIRGINIA GARDENS, FL 33166
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0046798	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRIDO, CARLOS 6355 NW 36TH STREET VIRGINIA GARDENS, FL 33166
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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. I am familiar with, and accept, the obligations of registered agent.

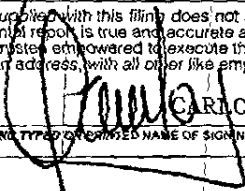
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000427812 02/21/06-80023-002 158.1
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ, DE S MARTIN 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRIDO, CARLOS 6355 NW 36TH STREET VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELSEN, EDUARDO 6355 NW 36TH STREET VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRERA, SERGIO 6355 NW 36TH STREET VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTTEROTH, JORGE 6355 NW 36 ST VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, THOMAS 6355 NW 36 ST VIRGINIA GARDENS, FL 33166

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	CARLOS GARRIDO	01/19/2006 (305)871-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #