**FILED** 

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90246 022 \*\*\*158.75

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 357493 **DOCUMENT #**

1. Entity Name

Principal Place of Business

EDITORIAL TELEVISA - USA, INC.

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Mailing Address

6355 N.W. 36TH STREET VIRGINIA GARDENS FL 33166		6355 N.W. 36TH STREET VIRGINIA GARDENS FL 33166					~00001\A				
2. Principa	al Place of Business	3. Mailing Address									
Suite, A	pt. #, etc.	Suite, Apt. #, etc.									
City & St	tate	Oh B Cut					CHECK HERE IF MAKING CHANGES				
		City & State				4.	. FEJ Number 65-0046798			Applied For	
Zip	Country	Zip Country			ntry	5.	Certificate of Status Desired		\$8.75	Not Applicat Additional	⊃le
<del></del>	6. Name and Address of Current I	Registered /	Agent	L	T -	<u> </u>	Name and Address of New Re	- P	Fee Requ	ired	
OADDID/	0.0401.00				Name			giaterea	Agent	<del> </del>	_
	O, CARLOS		Street Address (			255 (PO 1	Box Number is Not Acceptable)		<del></del>		_
	V 36TH STREET			!		, , , , , , , , , , , , , , , , , , ,	DOX Nothber is Not Acceptable)				
	GARDENS FL 33166			ŀ							_
, the	/ .			!	City				Zip Co	nde .	
8. The abov	ve named en it) submits this statement for ations of registered agent.	r the purpose	of changing its					FL	<b>-</b>   Zip CC		_
the obliga	ations of registered agent.	are purpose	ог спанушу кэт	registere	ad office or regi	stered ag	gent, or both, in the State of Flori	da. Iam	familiar with	h, and accep	ıt
SIGNATURE	. [1][[hu]6][						021	- I.			
SIGNATORIL	Signature, typed of planted name of registered agent an	nd title if applicab	ile. (NOTE	Registerer	d Agent signature requ	n nertw beniu	U+1	<u> 2110</u>	3 An	uary 7	/
ال بنسة د	FILE NOW !! FEE IS \$150.00						austatuA)	DAIL	<del>.</del>		<u>′</u>
Afte	er May 1, 2003 Fee will be \$550.00		<del></del>	مهجنوسا		<del></del>	9.= Election Campaign Finar	naina- <u></u> -	<b>¢</b> ε.	ΩΩ: 64=D=.	
Make Chec	k Payable to Florida Department of	State					Trust Fund Contribution.	[	Adde	oo May Be ed to Fees	_
10.	OFFICERS AND D	- 1		11.			ORITIONS (CLIANICES TO OFFIC				
TITLE	AS		☐ Delete	TITLE	<del></del>		ODITIONS/CHANGES TO OFFIC	ERS ANL			_
NAME	DOMINGUEZ, DE S MARTIN			NAME					☐ Change	Additio Additio	n
STREET ADDRESS CITY-ST-ZIP	0000 1111 00111 01			STREE	T ADDRESS						
	VIRGINIA GARDENS FL 33166			CITY-S	ST-ZIP					•	
TITLE Name	D CAPPIDO CAPI OO		☐ Delete	TITLE			-		☐ Change	Addition	
STREET ADDRESS	GARRIDO, CARLOS 6355 NW 36TH STREET			NAME					0go	L.J Moutton	'
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166			STREET CITY-S	T ADDRESS						
TITLE	P				11-ZIP		· · · · · · · · · · · · · · · · · · ·				
NAME	MICHELSEN, EDUARDO	ı	☐ Delete	TITLE					☐ Change	☐ Addition	7
STREET ADDRESS	6355 NW 36TH STREET				F ADDRESS						-
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166		I	CITY-S	· I						-
ITLE	Τ		☐ Delete	TITLE					C7 Av.		4
IAME	CARRERA, SERGIO			NAME					Change	Addition	
TREET ADDRESS ITY=ST-ZIP	6355 NW 36TH STREET				ADDRESS						1
TLE	VIRGINIA GARDENS FL 33166	<del></del>	<del>_</del> J	CITY-ST	T-ZIP						1
AME		l	☐ Delete	TITLE		_			☐ Change	Addition	1
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TLE				<del> </del> -	-21,						]
ME		ينا	T DEIGH	TITLE NAME					☐ Change	☐ Addition	
REET ADDRESS			- 1	STREET A	ADDRESS						-

CITY-ST-ZIP 12. I hereby certify that the informa indicated on this report or sup. on 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the an address, with all other like empowered. of the corporation or the rece changed, or on an attachmen

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

30T BY 6400