2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #819298

1. Entity Name

EDITORIAL TELEVISA INTERNATIONAL, SOCIEDAD ANONIMA



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

Principal Place of Business

Mailing Address

6355 N.W. 36TH ST

6355 N.W. 36TH ST

VIRGINIA GARDENS, FL 33166 US

VIRGINIA GARDENS, FL 33166 US



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1262325 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIDO, CARLOS 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166

DO NOT WRITE IN THIS SPACE

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. La.	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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1/00000427014 02/20/06-80066-024 158 75

After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution
10.	OFFICERS AND DIRECT	TORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELSEN, EDUARDO 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	S MIJARES-ORTEGA, JUAN 6355 NW 36 ST. VIRGINIA GARDENS, FL 33166	
NAME STREET ADDRESS CITY-ST-ZIP	AS DOMINGUEZ-COBIAN, MARIA 6355 NW 36 ST. VIRGINIA GARDENS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRIDO, CARLOS 6355 NW 36 STREET VIRGINIA GARDENS, FL 33166	
TITLE NAME Street Address City-St-Zip	FD CARRERA-DAVILA, SERGIO 6355 NW 36 ST. VIRGINIA GARDENS, FL 33166	
TITLE NAME STREET ADORESS CITY-ST-ZIP	sertify that the information symplect with this fill	

SIGNATURE AND TYP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental ispon is the and accurage and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address with all other like impowered.

SIGNATURE: _

REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2006 (305)871-6400

Dale

Daytime Phone #