

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825401

1. Entity Name

UNIVISION TELEVISION GROUP, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90080 044 ***150.00

60034031



DO NOT WRITE IN THIS SPACE

Principal Place of Business
500 FRANK W BURR BLVD
SIXTH FLOOR
TEANECK NJ 07666
US

Mailing Address
500 FRANK W. BURR BLVD., SIXTH FLOOR
GLENPOINT CENTRE WEST
TEANECK NJ 07666-6802
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
95-4398877

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	PERENCHIO, A. JERROLD	
STREET ADDRESS	1999 AVE OF THE STARS	
CITY-ST-ZIP	LOS ANGELES CA 90087	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, ALAN F.	
STREET ADDRESS	335 N MAPLE DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLANK, GEORGE	
STREET ADDRESS	500 FRANK W BURR BLVD	
CITY-ST-ZIP	TEANECK NJ 07666	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CAHILL, ROBERT V	
STREET ADDRESS	1999 AVE OF THE STARS	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: George W. Blank **SIGNATURE REQUIRED** 02/28/00 201-287-4308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #