

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 825401

1. Entity Name  
UNIVISION TELEVISION GROUP, INC.



FILED

2007 APR -9 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007 Chg-P CR2E034 (12/06)

4. FEI Number  
95-4398877

Applied For  
Not Applicable

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
PERENCHIO, A. JERROLD  
1999 AVE OF THE STARS  
LOS ANGELES, CA 90067 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KRANWINKLE, C DOUGLAS  
1999 AVE OF THE STARS  
LOS ANGELES, CA 90067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
HOBSON, ANDREW W  
1999 AVENUE OF THE STARS  
LOS ANGELES, CA 90067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSEC  
CAHILL, ROBERT V  
1999 AVE OF THE STARS  
LOS ANGELES, CA 90067 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTAX  
MCCANN, SHAWN  
500 FRANK W BURR BLVD. 6TH FLOOR  
TEANECK, NJ 07666 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
LORI, PETER H  
500 FRANK W BURR BLVD. 6TH FLOOR  
TEANECK, NJ 07666 ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700097569447  
04/19/07--01032--016 \*\*8.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700097569447  
04/19/07--01032--015 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 reports 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 10 or Block 11 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

4/2/07

(3.0) 348-3674

Date

Daytime Phone #