

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B92000000057**

1. Entity Name

**THE UNIVISION NETWORK LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR - 3 PM 12: 02

Principal Place of Business

9405 NW 41ST STREET  
MIAMI FL 33178

Mailing Address

500 FRANK W. BURR BLVD.  
GLENPOINTE CNT. W. - 6TH FL  
TEANECK NJ 07666-6802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4399333

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

7. Name and Address of New Registered Agent

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

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. Capital Contributions as Shown on record.

**\$5,800.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F9600004606**  
NAME **UNIVISION COMMUNICATIONS INC.**  
STREET ADDRESS **1999 AVENUE OF THE STARS, SUITE 3050**  
CITY - ST - ZIP **LOS ANGELES CA 90067**

STREET ADDRESS

CITY - ST - ZIP

*7/31/00*

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *George W. Blank* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **George W. Blank** 02/28/00 Date 201-287-4308 Daytime Phone #

CR2E003 (9/99)