## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9200000057								
THE UNIVISION NETWORK LIMITED PARTNERSHIP						F	LED	()
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		01 SEI TAL	CRFT	RY OF STATE SSEE, FLORIDA	
2. Principal	3. Mailing Address	Mailing Address			S TOURNOL LALE SOLID LIBIS COIRL OURN SOULD BELLE GENER FOLK COINCE BILL COINCE			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		ŗ	DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number 95-4399333	Applied For Not Applicable	
Zip	Zip Country		Zip	Country				.75 Additional Required
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324								
FEATIATION I E 30024					City		FL <sup>7</sup>	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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
9. Capital Contributions as Shown on record.  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							ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	F96000004  UNIVISION  1999 AVEN			EET ADORESS			11,00	
CITY-ST-ZIP  DOCUMENT #		ELES CA 90067		CITY	~51-21			
NAME STREET ADDRESS				1	ET ADDRESS	<del></del>	<b>80000389141</b> -03/21/01011	5 <u>-003</u>
DOCUMENT #	<del> </del> _	<u> </u>			TT LDDbcoo	<del></del> _	****141_25 **	**141.25
NAME STREET ADDRESS CEY-ST-ZIP	<u>}</u>		- <del>-</del>	·	ET ADDRESS - ST-ZIP			
DOCUMENT #	-			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	<u> </u>		
DOCUMENT / NAME	}			STRE	ET ADDRESS	,		
STREET ADDRESS CITY-ST-ZIP		•		CITY	-ST-ZIP			
DOCUMENT # NAME		,		STRE	ET ADDRESS			
STREET ADORESS CITY-ST-ZIP					-ST-ZIP			
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:  SIGNATURE								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Daytime Phone #								