

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017608  
AT

**DOCUMENT # B92000000057**

1. Entity Name  
**THE UNIVISION NETWORK LIMITED PARTNERSHIP**

FILED  
02 APR 30 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **95-4399333**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	<b>F96000004806</b>
NAME	<b>UNIVISION COMMUNICATIONS INC.</b>
STREET ADDRESS	<b>1999 AVENUE OF THE STARS, SUITE 3050</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90067</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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: **X** **GEORGE W. BLANK** **4/19/02** **201-287-4308**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)