



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B92000000057</b>			
1. Entity Name <b>THE UNIVISION NETWORK LIMITED PARTNERSHIP</b>			
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	
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 <span style="float: right;">FL</span> 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 _____		DATE _____	
9. Capital Contributions as Shown on record. <b>\$5,800.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000004606	STREET ADDRESS	
NAME	UNIVISION COMMUNICATIONS INC.	CITY - ST - ZIP	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 3050		
CITY - ST - ZIP	LOS ANGELES, CA 90067		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - 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: 		Date: <u>1/11/05</u> Daytime Phone #: <u>201-287-4313</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number **95-4399333** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

STAPLE CHECK HERE