2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Feb 08, 2005 08:00 AM

		<u> </u>	y may 1, 2000		<u></u>	1		,	3 00.00 F
	DOCUMENT # B9200000057 1. Entity Name THE UNIVISION NETWORK LIMITED PARTNERSHIP						S	ecretar	y of State
	9405 NW 41ST STREET 5 MIAMI, FL 33178		Mailing Address 500 FRANK W. BURR GLENPOINTE CNT. W. TEANECK, NJ 07666	V 6TH FL		 		III Bu ifi fo ir fo ir b	IAN BIYA INTIYAN OY NOX
	2. Principal P	lace of Business	3. Mailing Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Ī	Suite, Apt #, etc.		- Suite, Apt #, etc.			01062005	Chg-LP	CR2E003	(10/03)
1	City & State		City & State			4. FEI Numbe 95-4399			Applied For Not Applicable
	Zip	Country	Zip	Country			of Status Desired	Fee	. 75 Additional Required
Ţ	Name and Address of Current Registered Agent			<u> </u>		7. Name and	Address of New	Registered Ages	nt
ļ	C T CORPORATION SYSTEM			1	Name				
	1200 SOU	TH PINE ISLAND ROAD ON, FL 33324			Street Address (P.O. Box Numbe	er is Not Acceptab	le)	
		_	<u></u>		City			FL	Zip Code
	The above named entity submits this statement for the purpose of changing in the obligations of registered agent.				red office or register	ed agent, or bot	h, in the State of F	lorida. I am fami	liar with, and accept
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						<u> </u>	DATE	
	9. Capital Contributions as Shown on record. \$5,800.00			date.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment							CTIVE WITH T	HIS OFFICE.	
ļ	12. GENERAL PARTNER INFORMATION					it must be file	o to change a c	HANGES ONLY	
STAPLE CHECK HERE	DOCUMENT : F96000004606 UNIVISION COMMUNICATIONS INC.			13 5TF	REET ADDRESS	<u> </u>	, ADDITESS OF	ANGLO ONE	
	STREET ADDRESS 1999 AVENUE OF THE STARS, CITY-ST-ZIP LOS ANGELES, CA 90067		ARS, SUITE 3050	СП	Y-ST-ZIP				
	DOCUMENT # NAME			STF	REET ADDRESS		02/08/05	7220070 -80053-02	5 141.25
	STREET ADDRESS CITY - ST - ZIP =			сп	Y-ST-ZIP				
	DOCUMENT #			STE	REET ADDRESS				
	STREET ADDRESS City-St-Zip			CIT	Y-ST-ZIP				
	DOCUMENT # NAME			ST	REET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP		7 500	сп	Y-ST-ZIP				·
	DOCUMENT # NAME			\$T	REET ADDRESS	,		<u></u>	
	STREET ADDRESS CITY-ST-ZIP			cm :	Y-ST-ZIP		<u> </u>		
	DOCUMENT (NAME STREET ADDRESS			ŞTI	REET ADDRESS				
	CITY-SI-ZIP		d Ab. Al. City		Y-ST-ZIP	-tion 140 07/01/	i) Florido Status	I foudbook a suite of	that the information
į	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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER			ERAL PARTI	NER	·	1/11/05 Date	20/ Dayum	1-287-4313 10 Phorie #