

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002763 AF

**DOCUMENT # B96000000163**

1. Entity Name  
**TELENOTICIAS DEL MUNDO, L.P. LIMITED PARTNERSHIP**

**FILED**

01 MAY -1 AM 11:47

Principal Place of Business  
**C/O CORPORATION TRUST CO.  
1209 ORANGE STREET  
WILMINGTON DE 19801**

Mailing Address  
**2290 WEST 8TH AVENUE  
HIALEAH FL 33010**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**2290 West 8th Avenue**

3. Mailing Address  
**2290 West 8th Avenue**

Suite, Apt. #, etc.  
**c/o Tax Department**

City & State  
**Hialeah, FL**

Zip  
**33010**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

4. FEI Number  
**65-0513230**

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

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$36,000,000.00**

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>F96000002393</b>
NAME	<b>TELENOTICIAS DE MUNDO, INC.</b>
STREET ADDRESS	<b>2290 WEST 8TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600004274756--2</b>
CITY-ST-ZIP	<b>-05/21/01--01181--004</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **[Signature]** **4-19-01** **(305) 884-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)