

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005076

1. Entity Name
TELEMUNDO OF FLORIDA LICENSE CORPORATION

Principal Place of Business
2290 WEST 8TH AVENUE
HIALEAH FL 33010

Mailing Address
2290 WEST 8TH AVENUE
HIALEAH FL 33010

2. Principal Place of Business
2290 West 8th Avenue

Suite, Apt. #, etc.
40 Tax Department

City & State
Hialeah, FL

Zip
33010

Country

3. Mailing Address
2290 West 8th Avenue

Suite, Apt. #, etc.
40 Tax Department

City & State
Hialeah, FL

Zip
33010

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560885

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BLANGIARDI, RICHARD J
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME HOUSMAN, PETER J II
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ANTUNEZ, JUAN C
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SANDUSKY, VINCENT L
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010

TITLE CFO ☒ Change ☐ Addition
NAME SANDUSKY, VINCENT L.
STREET ADDRESS 2290 West 8th Avenue
CITY-ST-ZIP Hialeah, FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4-20-01

(305) 884-8200

Date

Daytime Phone #

CR2E034 (10/00)