

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JUL 15 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005657

1. Entity Name
UNIVISION RADIO NATIONAL SALES, INC.



Principal Place of Business

3102 OAK LAWN AVENUE, SUITE 215
DALLAS, TX 75219

Mailing Address

3102 OAK LAWN AVENUE, SUITE 215
DALLAS, TX 75219

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03) *MRD*

4. FEI Number
75-2788318

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE *CEO*
NAME TICHENOR, MCHENRY T JR.
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215
CITY-ST-ZIP DALLAS, TX 75219

TITLE *VP*
NAME GEROW, DAVID
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215
CITY-ST-ZIP DALLAS, TX 75219

TITLE *COO*
NAME STONE, GARY
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215
CITY-ST-ZIP DALLAS, TX 75219

TITLE *SPCF Treasurer*
NAME HINSON, JEFFREY T
STREET ADDRESS 3102 OAK LAWN AVENUE, SUITE 215
CITY-ST-ZIP DALLAS, TX 75219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900039532719
07/26/04--01063--008 **550.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Mil Peraz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04
Date

214-525-7707
Daytime Phone #