

2002 UNIFORM BUSINESS REPORT (UBR)

0132479 AV

DOCUMENT # F01000000078

1. Entity Name

TELEMUNDO COMMUNICATIONS GROUP, INC.

Principal Place of Business

2290 WEST 9TH AVENUE
HIALEAH FL 33010

Mailing Address

2290 WEST 9TH AVENUE
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

410 Corporate Tax Department

Suite, Apt. #, etc.

410 Corporate Tax Department

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3371946

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MCNAMARA, JAMES M
2290 WEST 9TH AVENUE
HIALEAH FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
SOKOL, ALAN J
2290 WEST 9TH AVENUE
HIALEAH FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCFO
SADUSKY, VINCENT L
2290 WEST 9TH AVENUE
HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4000005622284-02
-05/28/02--01035--011
***2237.50 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANTUNEZ, JUAN C
2290 WEST 9TH AVENUE
HIALEAH FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRON, GUILLERMO
1901 AVE. OF THE STARS, SUITE 400
LOS ANGELES CA 90067 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DRYFOOS, GLENN A.
2290 WEST 8th Avenue
Hialeah, FL 33010 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FINN, BRIAN D
375 PARK AVE., 18TH FLOOR
NEW YORK NY 10152 ☒ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr-23-2002 (305) 884-8200

Date

Daytime Phone #

CR2E034 (9/01)