

2002 UNIFORM BUSINESS REPORT (UBR)

0131061 AV

DOCUMENT # F01000002842

1. Entity Name

TELEMUNDO OF KEY WEST, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

40 Corporate Tax Department

Suite, Apt. #, etc.

40 Corporate Tax Department

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1104939

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

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

TITLE TD
NAME SADUSKY, VINCENT L
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

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

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

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

TITLE VP
NAME DRYFOOS, GLENN A
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

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

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

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

TITLE VP
NAME FERNANDEZ-ROCHA, LUIS
STREET ADDRESS 2290 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH FL 33010 ☐ 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 15 AM 11:55

FILED



DO NOT WRITE IN THIS SPACE