2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005694

1. Entity Name

UNIVISION MELODIES, INC.

Mailing Address

6320 CANOGA AVENUE, SUITE 420 WOODLAND HILLS CA 91367

Principal Place of Business

6320 CANOGA AVENUE. SUITE 420 WOODLAND HILLS CA 91367

2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		4. F	FEI Number 95-488330 \$	9		oplied For
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add	ditional
6. Name and Address of Current Registered Agent			<u> </u>	7. 1	Name and Address of New R			
	RPORATION SYSTEM LUTH PINE ISLAND ROAD	Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)					
PLANTAT	FION FL 33324							
1.			City			FL	Zip Code	e
8. The above	e named entity submits this statement for to		registered office or re			orida.		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable				0.00 of State	10. Election Campaign Fin Trust Fund Contribution	n. 🗆	Added	O May Be to Fees
11.	OFFICERS AND DI	12.	ADI	DITIONS/CHANGES TO OFF	ICERS AND D	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Behar, Jose 6320 Canoga Avenue, Suite 42 Woodland Hills Ca 91367	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAHILL, ROBERT V 1999 AVENUE OF THE STARS, SU LOS ANGELES CA 09006	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,	···	Change	☐ Addition	
TITLE Name Street address City-St-Zip ²	VTD BLANK, GEORGE W 500 FRANK W. BURR BLVD., 6TH TEANECK NJ 07666-6802	□ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
TITLE	V PALACIO, DAVE 6320 CANOGA AVENUE, SUITE 42 WOODLAND HILLS CA 91367	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIF			[Change	Addition
TITLE NAME STREET ADDRESS STTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
ITLE IAME TREET AODRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

13. I hereby certify that the information supplied with this filling 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 supplier ental 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

FILED

05-08-2002 90130 044 ***150.00

May 08, 2002 8:00 am § Secretary of State