

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005711

FILED
Apr 03, 2007
Secretary of State

Entity Name: UNIVISION MANAGEMENT CO.

Current Principal Place of Business:

1999 AVENUE OF THE STARS, SUITE 3050
LOS ANGELES, CA 90067

New Principal Place of Business:

Current Mailing Address:

500 FRANK W BURR BLVD
6TH FLOOR
TEANECK, NJ 07666802

New Mailing Address:

FEI Number: 56-2301136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CAHILL, ROBERT V
Address: 1999 AVENUE OF THE STARS, SUITE 3050
City-St-Zip: LOS ANGELES, CA 90067

Title: VP () Delete
Name: KRANWINKLE, C. DOUGLAS
Address: 1999 AVENUE OF THE STARS, SUITE 3050
City-St-Zip: LOS ANGELES, CA 90067

Title: CFO () Delete
Name: HOBSON, ANDREW W
Address: 1999 AVENUE OF THE STARS, SUITE 3050
City-St-Zip: LOS ANGELES, CA 90067

Title: SVP () Delete
Name: LORI, PETER H
Address: 500 FRANK W BURR BLVD 6TH FLOOR
City-St-Zip: TEANECK, NJ 07666

Title: VTAX () Delete
Name: MCCANN, SHAWN
Address: 500 FRANK W BURR BLVD 6TH FLOOR
City-St-Zip: TEANECK, NJ 07666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CTO (X) Change () Addition
Name: MCCANN, SHAWN
Address: 500 FRANK W BURR BLVD 6TH FLOOR
City-St-Zip: TEANECK, NJ 07666

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN MCCANN

CTO

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date