

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005711

FILED  
Feb 07, 2008  
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: CTO ( ) 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: CFO (X) Change ( ) Addition  
Name: HOBSON, ANDREW W  
Address: 00 FRANK W BURR BLVD 6TH FLOOR  
City-St-Zip: TEANECK, NJ 07666

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DONALD PETERS

CPA

02/07/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date