

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005464

FILED
Feb 05, 2009
Secretary of State

Entity Name: TELEVISA ENTERPRISES, INC.

Current Principal Place of Business:

6355 NW 36TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6355 NW 36TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 42-1767113

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: CHRM () Delete
Name: FOLCH VIADERO, SALVI R
Address: AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-St-Zip: MEXICO CITY DF 011210,

Title: P () Delete
Name: FOLCH VIADERO, SALVI R
Address: AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-St-Zip: MEXICO CITY DF 011210,

Title: VD () Delete
Name: GARCIA GONZALEZ, JOSE ANTONIO
Address: AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-St-Zip: MEXICO CITY DF 011210,

Title: S () Delete
Name: SANTA CRUZ, JOAQUIN B
Address: AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-St-Zip: MEXICO CITY DF 011210,

Title: T () Delete
Name: ORTEGA, CARLOS
Address: AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-St-Zip: MEXICO CITY DF 011210,

Title: D () Delete
Name: ECHEGOYEN, JORGE L
Address: AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-St-Zip: MEXICO CITY DF 011210,

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: () 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: THOMAS R SPENCER, ESQ

REP

02/05/2009

Electronic Signature of Signing Officer or Director

Date