


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F37413</b> 1. Entity Name TELEVISA, INC.		
Principal Place of Business 165 N HACIENDA ST CLEWISTON, FL 33440 US		Mailing Address 165 N HACIENDA ST CLEWISTON, FL 33440 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LLANES, JUAN 165 N HACIENDA ST CLEWISTON, FL 33440		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>n/a</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		05/04/04-80009-009 150.00
TITLE	PTD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	LLANES, JUAN	
STREET ADDRESS	165 N HACIENDA ST	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	SD	
NAME	LLANES, CASILDA	
STREET ADDRESS	165 N HACIENDA ST	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE: <u><i>Casilda Llanes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/27/04</u> <u>863805-5239</u> <small>Date Daytime Phone #</small>