Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90226 044 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000004366

UNIVISA	BROADCASTING CORP.									
Principal Place of Business Mailing Address										
201 S. BISCAYNE BLDV 201 S. BISCAYNE BLDV SUITE 1820										
MIAMI FL 33131 MIAMI FL 33131							WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed 09/27/1993				
					4FEI.Numb			- 1 i A-	pplied For	-
	ace of Business	2a. Mailing Address				7060		<b>└</b>	ot Applicable	
21		Suite Art # etc	Suite, Apt. #, etc.			7000			Additional	ł
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	¬ ' '			of Status Desired			equired	
City & State	· · · · · · · · · · · · · · · · · · ·		City & State			6. Election Campaign Financing S5.00 May Be				
23		28	¬ ′			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	<del>/</del>	8. This corpo	8. This corporation owes the current year Intangible				
24	25 29 30		<u> </u>		Personal Property Tax. ☐ Yes				□No	Ì
9. Name and Address of Current Registered Agent			81	1	10. Name an	d Address of New F	egistered A	gent		ł
O T CORPORATION CYCTEM				Name						1
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Street /	Address (P.O. Box N	ress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324										-
PLANTATION PL 33324			83	<u>`</u> ]						
				City		FL 85 Zip Co				1
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE										
12.		D DIRECTORS	13.			S/CHANGES TO OF	FICERS AND	DIRECTO		] }
TITLE			1.1 TITLE		VPT		_	Change	Addition	3
NAME	DAM, LAWRENCE W	LAWRENCE W 1.2 N				ilfredo Hernandez				1
STREET ADDRESS			1.3 STREE	TADDRESS		iscayne B		Ste.	1800	ĺ
CITY-ST-ZIP	VAN NUYS CA 91406		1.4 CITY-5	ST-ZIP		lorida 33	131			
TITLE	DELETE 2.1 TI		2.1 TITLE		VPS D			Change	Addition	-[-
NAME	.22N		.22 NAME			Steinberg			1000	l
STREET ADDRESS	2.35		2.3 STREE	T ADDRESS		iscayne B		Ste.	1800	1
CITY-ST-ZIP			2. 4 CTTY-			<u>lorida 33</u>	131	Change	Addition	-
TITLE		☐ DELETE	3.1 TITLE		D			☐ Change	Addition	
NAME			3.2 NAME			Dominguez				}
STREET ADDRESS			1	ET ADDRESS	Av. Chap	ultepec,	#28_			}
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP	CP. 0672	4 Mexico,	D.F.	☐ Change	Addition	1
TITLE	_		4.1 TITLE						<u></u>	ļ
NAME	•		4. 2 NAME	i						1
STREET ADDRESS	•	•		ET ADDRESS						1
CITY-ST-ZIP			4.4 CITY-5 5.1 TITLE	Si-ZIP		<del>.</del>	_	[ ] Change	Addition	1
TITLE		Operer	5.2 NAME							1
NAME	IAME			ET ADDRESS						
STREET ADDRESS										1

14. 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 annual report or supplemental annual 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address) with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Q[Willfredo Hernandez

4/05/99 (305)755-0127

☐ Change

☐ Addition