2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# F94000005357

Entity Name: TELEMUNDO HISPANIC SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2290 WEST 8TH AVE
C/O TAX DEPARTMENT
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

2290 WEST 8TH AVE
C/O TAX DEPARTMENT
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0500349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FERNANDEZ, ANDRE	
Address:	2290 WEST 8TH AVE	
City-St-Zip:	HIALEAH, FL 33010	
Title:	PD	( ) Delete
Name:	IRELAND, JAY	
Address:	30 ROCKEFELLER PLAZA	
City-St-Zip:	NEW YORK, NY 10112	
Title:	SVD	( ) Delete
Name:	COTTON, RICHARD	
Address:	30 ROCKEFELLER PLAZA	
City-St-Zip:	NEW YORK, NY 10112	
Title:	V	( ) Delete
Name:	DRYFOOS, GLENN A	
Address:	2290 WEST 8TH AVE	
City-St-Zip:	HIALEAH, FL 33010	
Title:	AS	( ) Delete
Name:	NEWELL, ELIZABETH A	
Address:	30 ROCKEFELLER PLAZA	
City-St-Zip:	NEW YORK, NY 10112	
Title:	V	( ) Delete
Name:	CAMPBELL, BRUCE	
Address:	30 ROCKEFELLER PLAZA	
City-St-Zip:	NEW YORK, NY 10112	

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A NEWELL AS 04/20/2006
Electronic Signature of Signing Officer or Director Date