

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004158

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** FOX LATIN AMERICAN CHANNEL, INC.

**Current Principal Place of Business:**

10201 WEST PICO BLVD.  
LOS ANGELES, CA 90035

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 900  
ATTN: TAX DEPARTMENT  
BEVERLY HILLS, CA 90213

**New Mailing Address:**

**FEI Number:** 95-4428164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O 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:** VP  
**Name:** KATZ, ANDREW  
**Address:** 10201 WEST PICO BLVD  
**City-St-Zip:** LOS ANGELES, CA

**Title:** AT  
**Name:** MILLER, DAVID E  
**Address:** 10201 WEST PICO BLVD  
**City-St-Zip:** LOS ANGELES, CA

**Title:** D  
**Name:** DEVOE, DAVID F  
**Address:** 10201 WEST PICO BLVD  
**City-St-Zip:** LOS ANGELES, CA

**Title:** AS  
**Name:** KENDER, RANDALL  
**Address:** 10201 W PICO BLVD  
**City-St-Zip:** LOS ANGELES, CA 90035

I hereby 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 all other like empowered.

**SIGNATURE:** ANDRE KATZ

VP

04/20/2010

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

\_\_\_\_\_  
Date