2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004606

Entity Name: UNIVISION COMMUNICATIONS INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1999 AVE OF THE STARS, #3050 LOS ANGELES, CA 90067				500 FRANK W BURR BLVD TEANECK, NJ 07666			
Current Mailing Address:				New Mailing Address:			
GLENPOINTE CENTRE WEST 500 FRANK W. BURR BLVD., 6TH FLOOR TEANECK, NJ 07666 US							
FEI Number: 95-4398884 FEI Number Applied For ()		FEI Num	Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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 Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PERENCHIO, A 3 1999 AVE OF TH LOS ANGELES,	E STARS, #3050 CA 90067 Delete T V E STARS, #3050		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	UVA, JOE 605 THIRD A NEW YORK,	NY 10158 (X) Change (K, RAY AVE	
Title: Name: Address: City-St-Zip:	HOBSON, ANDR	BURR BLVD 6TH FLOOR		Title: Name: Address: City-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	EVP () [KRANWINKLE, C 1999 AVE OF TH LOS ANGELES,	C. DOUGLAS E STARS, #3050		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D () [HORN, ALAN F 335 N MAPLE DR BEVERLY HILLS			Title: Name: Address: City-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	MCCANN, SHAW	URR BLVD 6TH FLOOR		Title: Name: Address: City-St-Zip:		() Change() Addition

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: SHAWN MCCANN CTO 04/06/2009