

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004462

1. Entity Name
TELEMUNDO HOLDINGS, INC.

Principal Place of Business

2290 W 8TH AVENUE
C/O TAX DEPT
HIALEAH FL 33010

Mailing Address

2290 W 8TH AVENUE
C/O TAX DEPT
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

40 Corporate Tax Department

Suite, Apt. #, etc.

40 Corporate Tax Department

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3993031

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	MCNAMARA, JAMES M	
STREET ADDRESS	2290 W 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRYFOOS, GLENN A	
STREET ADDRESS	2290 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SADUSKY, VINCENT	
STREET ADDRESS	2290 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	COO	<input type="checkbox"/> Delete
NAME	SOKOL, ALAN J	
STREET ADDRESS	2290 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLANGIARDI, RICHARD J	
STREET ADDRESS	2290 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANTUNEZ, JUAN C	
STREET ADDRESS	2290 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002 (305) 894-8200

Date Daytime Phone #

02 MAY 15 AM
FILED
SECRETARY OF
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)