

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004462

Entity Name: TELEMUNDO HOLDINGS, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-3993031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DAVIS, TODD
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: V () Delete
Name: DRYFOOS, GLENN A
Address: 2290 W. 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: T () Delete
Name: FERNANDEZ, ANDRE
Address: 2290 W. 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: P () Delete
Name: BROWNE, DONALD
Address: 2290 W. 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: COTTON, RICHARD
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: AS () Delete
Name: MOZQUEDA, MARICELA S
Address: 100 UNIVERSAL CITY PLAZA
City-St-Zip: UNIVERSAL CITY, CA 91608

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
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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 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: MARICELA S. MOZQUEDA

AS

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date