


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90033 022 \*\*\*150.00

**DOCUMENT # F99000005851**

1. Entity Name  
 UNIVISION ONLINE, INC.



Principal Place of Business  
 9405 NW 41ST STREET  
 MIAMI, FL 33178

Mailing Address  
 500 FRANK W BURR BLVD  
 6TH FLOOR  
 TEANECK, NJ 07666

40004470

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4078167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EBVP</del> CAHILL, ROBERT V 1999 AVENUE OF THE STARS, SUITE 3050 LOS ANGELES, CA 900676022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARALEGUI, JAVIER 605 THIRD AVENUE, 12TH FLOOR LOS ANGELES, CA 90045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HINSON, JEFF 500 FRANK W. BURR BLVD., 6TH FLOOR TEANECK, NJ 07666
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12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:**  **1/11/05** **201-287-4313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #