## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000005851

Entity Name: UNIVISION INTERACTIVE MEDIA, INC.

FILED Apr 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9405 NW 41ST STREET MIAMI, FL 33178 **Current Mailing Address: New Mailing Address:** 500 FRANK W BURR BLVD 6TH FLOOR TEANECK, NJ 07666 FEI Number: 13-4078167 FEI Number Applied For ( ) FEI 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: CFO (X) Change ( ) Addition CAHILL, ROBERT V Name: Name: UVA, JOE 1999 AVENUE OF THE STARS, SUITE 3050 605 THIRD AVE Address: Address: City-St-Zip: LOS ANGELES, CA 900676022 City-St-Zip: NEW YORK, NY 10158 Title: VΡ Title: () Delete (X) Change ( ) Addition Name: SARALEGUI, JAVIER Name: RODRIGUEZ, RAY 605 THIRD AVENUE, 12TH FLOOR 605 THIRD AVENUE, 12TH FLOOR Address: Address: LOS ANGELES, CA 90045 NEW YORK, NY 10158 City-St-Zip: City-St-Zip: Title: CFO () Delete Title: () Change () Addition HOBSON, ANDREW W Name: Name: 500 FRANK W BURR BLVD Address: Address: City-St-Zip: TEANECK, NJ 07666 City-St-Zip: Title: СТО () Delete Title: () Change () Addition MCCANN, SHAWN Name: Name: Address: 500 FRANK W BURR BLVD 6TH FLOOR Address: City-St-Zip: TEANECK, NJ 07666 City-St-Zip: Title: SVP Title: () Delete () Change () Addition Name: LORI, PETER H Name: 500 FRANK W BURR BLVD 6TH FLOOR Address: Address: City-St-Zip: TEANECK, NJ 07666 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: SHAWN MCCANN CTO 04/06/2009