


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 AUG -4 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001984 1. Entity Name UNIVISION RADIO FLORIDA, LLC	
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Principal Place of Business 3102 OAK LAWN AVE., STE. 215 DALLAS, TX 75219	Mailing Address 3102 OAK LAWN AVE., STE. 215 DALLAS, TX 75219
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 95-4455121	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <i>Univision Radio, Inc.</i>
NAME	HISPANIC BROADCASTING CORP
STREET ADDRESS	3102 OAK LAWN AVE., STE. 215
CITY - ST - ZIP	DALLAS, TX 75219
TITLE	MGR
NAME	TICHENOR, MCHENRY T JR
STREET ADDRESS	3102 OAK LAWN AVE., STE. 215
CITY - ST - ZIP	DALLAS, TX 75219
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100039957341

08/06/04--01070--001 **50.00

DO NOT WRITE
IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Devas* Date: 7/31/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE