

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03878

FILED
Apr 28, 2006
Secretary of State

Entity Name: TELEMUNDO OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2290 W. 8TH AVENUE
C/O TAX DEPARTMENT
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 59-2444938 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 ROAD
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: PD () Delete
Name: IRELAND, JAY
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

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

Title: TD () Delete
Name: FERNANDEZ, ANDRE
Address: 2290 WEST 8TH AVENUE
City-St-Zip: HIALEAH, FL 33010

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

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

Title: AS () Delete
Name: NEWELL, ELIZABETH A
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

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 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: ELIZABETH A. NEWELL

AS

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date