

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P16428

1. Corporation Name  
UNIVISION OF HOLLYWOOD, FLORIDA INC.

2. Principal Office Address  
9405 NW 41<sup>ST</sup> ST.

3. Mailing Office Address  
500 FRANK W. BURR BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
TEANECK, NJ

Zip  
33178

Country

Zip  
07666

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-2752398

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.  
1200 S. PINE ISLAND ROAD

City  
PLANTATION

State  
FL

Zip Code  
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Connie Bryan  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date 12/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR. PRES.	ROBERT V. CAHILL	1999 AVE. OF THE STARS, STE 3050	LOS ANGELES CA 90067
DIR. VP/SECY	C. DOUGLAS KRANWINKLE	1999 AVE. OF THE STARS, STE 3050	LOS ANGELES, CA 90067
TREAS	GEORGE W. BLANK	500 FRANK W. BURR BLVD. 6 <sup>TH</sup> FL.	TEANECK, NJ 07666
VP / ASST. SECY	ANDREW W. HOBSON	1999 AVE. OF THE STARS, STE. 3050	LOS ANGELES CA 90067
<p>REGISTRATION NUMBER <u>021178</u>      200009467882</p> <p>12/11/02 01045 000 **750.75</p>			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X George W. Blank      12/03/02      201-287-4308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E081 (9/01)