2 419

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90166 007 ***150.00

0125384

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18239

1. Corporation Name
TELEMUNDO NETWORK, INC.

Principal Place of Business	Mailing Address
2290 W. 8TH AVE. HIALEAH FL 33010 US	2290 W. 8TH AVE. HIALEAH FL 33010 ~~US~~ c/o Corporate Tax Dept.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 03/01/1988

4. FEI Number: 22-2892128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, ROLAND A		1.2 NAME		
STREET ADDRESS	2290 WEST 8TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOSE C. CANCELA		2.2 NAME		
STREET ADDRESS	2290 WEST 8TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPECTOR, BRUCE H		3.2 NAME		
STREET ADDRESS	2290 WEST 8TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	CFOD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETER J. HOUSMAN		4.2 NAME		
STREET ADDRESS	2290 WEST 8TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	5.1 TITLE	S D	☐ Change ☑ Addition
NAME	STEPHEN J. LEVIN		5.2 NAME	TORRES, OSVALDO F.	
STREET ADDRESS	2290 WEST 8TH AVENUE		5.3 STREET ADDRESS	2290 West 8th Avenue	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	Hialeah, FL 33010	
TITLE	VP	☑ DELETE	6.1 TITLE	VP	☐ Change ☑ Addition
NAME	MARTINEZ-LLORIAN, MANUEL		6.2 NAME	SADUSKY, VINCENT L.	
STREET ADDRESS	2290 WEST 8TH AVENUE		6.3 STREET ADDRESS	2290 West 8th Avenue	
CITY-ST-ZIP	HIALEAH FL 33010		6.4 CITY-ST-ZIP	Hialeah, FL 33010	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VINCENT L. SADUSKY VP FINANCE 4-20-99 (305) 884-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)