## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND YPED OR PI

TED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # P18239** Apr 26, 2000 8:00 am Secretary of State 2376 012 596 1. Entity Name TELEMUNDO NETWORK, INC. 04-26-2000 90073 026 \*\*\*150.00 Principal Place of Business Mailing Address 2290 W. 8TH AVE. 2290 W. 8TH AVE. C/O CORPORATE TAX DEPARTMENT HIALEAH FL 33010 HIALEAH FL 33010-2017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 22-2892128 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ₽D Delete TITLE Addition TITLE HERNANDEZ, ROLAND A NAME RICHARD J. BLANGIARDI NAME STREET ADDRESS 2290 WEST 8TH AVENUE STREET ADDRESS 2290 West 8th Avenue CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition **CFOD** Delete TITLE TITLE PETER J. HOUSMAN NAME STREET ADDRESS STREET ADDRESS 2290 WEST 8TH AVENUE CITY-ST-78 CITY-ST-ZIP HIALEAH FL Delete ☐ Change Addition TITLE S D TITLE JUAN C. ANTUNEZ TORRES, OSVALDO F NAME NAME STREET ADDRESS 2290 West 8th Avenue STREET ADDRESS 2290 WEST 8TH AVENUE Hialeah, PL CITY-ST-ZIP CITY-ST-ZIP 33010 HIALEAH FL 33010 ☐ Change Addition Delete TITLE TITLE SADUSKY, VINCENT L NAME STREET ADDRESS STREET ADDRESS 2290 WEST 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIF HIALEAH FL 33010 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with allother like empowered.

VINCENT L. SADUSKY