## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State **DOCUMENT # P18239** 1. Entity Name TELEMUNDO NETWORK, INC. 05-03-2001 90059 022 \*\*\*150.00 Principal Place of Business Mailing Address 2290 W. 8TH AVE. 2290 W. 8TH AVE. C/O CORPORATE TAX DEPARTMENT HIALEAH FL 33010 US HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address 2290 West Bin Avenue 2290 West 8th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 40 Tax 40 Tax City & State City & State 4. FEI Number Applied For 22-2892128 Hialeah Hiakah Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33010 33010 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 ☐ Change Addition TITLE TITLE Delete BLANGIARDI, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 2290 WEST 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Delete ☐ Change Addition **CFOD** TITLE TITLE PETER J. HOUSMAN NAME NAME STREET ADDRESS STREET ADDRESS 2290 WEST 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition Change SD TITLE ☐ Delete TITLE ANTUNEZ, JUAN C NAME NAME STREET ADDRESS STREET ADDRESS 2290 WEST 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Addition TITLE ☐ Delete TITLE SADUSKY, VINCENT L NAME NAME SADUSKY, VINCENT L. 2290 West Blh Avenue STREET ADDRESS STREET ADDRESS 2290 WEST 8TH AVENUE CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33010 Hialean FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ampowered 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 all other like empowered.

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-20-0

(305) 884-8200 Daytime Phone #

☐ Change

☐ Addition

01) #50354