

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P21375**

(1)

1. Corporation Name

UNIVISION HOLDINGS, INC.

Principal Place of Business

**CORPORATION TRUST COMPANY
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US**

Mailing Address

**1200 S. PINE ISLAND RD.
24 MEADOWLAND PARKWAY
PLANTATION FL 33324
US**

3. Date Incorporated or Qualified

10/20/1988

3a. Date of Last Report

04/06/1994

4. FEI Number

43-1428761

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1200 S. Pine Island Rd.**

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

Plantation, FL

24 Zip

25 Country

29 Zip

30 Country

33324

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

HOCKADAY, IRVINE O. J

STREET ADDRESS

2501 MCGEE

CITY - ST - ZIP

KANSAS CITY MO 64141

TITLE

VSD

NAME

WHITTAKER, JUDITH

STREET ADDRESS

25TH & MCGEE

CITY - ST - ZIP

KANSAS CITY MO

TITLE

VP

NAME

EPPES, DAVID C.

STREET ADDRESS

2500 W. 4TH ST.

CITY - ST - ZIP

WILMINGTON DE 19805

TITLE

BENTCOVER

NAME

2501 MCGEE

STREET ADDRESS

KANSAS CITY MO

CITY - ST - ZIP

KANSAS CITY MO

TITLE

S

NAME

YOUNG, VICKIE

STREET ADDRESS

25TH & MCGEE

CITY - ST - ZIP

KANSAS CITY MO

TITLE

AS

NAME

ARN, DWIGHT C.

STREET ADDRESS

25TH & MCGEE

CITY - ST - ZIP

KANSAS CITY MO

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

V/D

2501 McGee

Kansas City, MO 64141

V/D

V/D

Brian Clemons

2501 McGee

Kansas City, MO 64141

2501 McGee

Kansas City, MO 64141

2501 McGee

Kansas City, MO 64141

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, as an attachment with an address.

SIGNATURE:

4/24/95 (302) 656-5774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C. Eppes, Vice President