

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90053 006 ***550.00

0106585 AT

DOCUMENT # P97000091717

1. Entity Name
MIAMI, USA BROADCASTING PRODUCTIONS, INC.

UNIVISION OF MIAMI PRODUCTIONS INC.

Principal Place of Business

**1230 6TH AVE
 15TH FL
 NEW YORK NY 10020
 US**

Mailing Address

**162 WEST 37TH STREET
 42ND FLOOR
 NEW YORK NY 10018
 US**

2. Principal Place of Business

9405 NW 41 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33178

Country
USA

3. Mailing Address

500 FRANK W. BURR BLDG.

Suite, Apt. #, etc.

SIXTH FLOOR

City & State
TEANECK, NJ

Zip
07666

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2351007

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENACHOWSKI, JULIUS 1230 6TH AVE 15TH FL NEW YORK NY 10020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDMAN, RICK 8800 W SUNSET BLVD LOS ANGELES CA 90069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMMER, CHARLES 1230 6TH AVE 15TH FL NEW YORK NY 10020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENBERG, HELEN 8800 W SUNSET BLVD LOS ANGELES CA 90069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOLTZMAN, H. STEVEN 1 HSN DR ST PETERSBURG FL 33729	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MORGAN, KEN 1 HSN DR ST PETERSBURG FL 33729	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, DIRECTOR A. TERROLD PERENCHIO 1999 AVE. OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO, DIRECTOR GEORGE W. BLANK 500 FRANK W. BURR BLVD, 6TH FLOOR TEANECK, NJ 07666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, DIRECTOR ROBERT V. CAHILL 1999 AVE. OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SECY C. DOUGLAS KRANWINKLE 1999 AVE. OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECY, ASST. TREAS. ANDREW HOBSON 1999 AVE. OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered 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.

SIGNATURE: **George W. Blank** 09/04/01 201-287-4308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)