FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # P97000091717 1. Entity Name UNIVISION OF MIAMI PRODUCTIONS INC. 05-08-2002 90130 038 ***150.00 Principal Place of Business Mailing Address 9405 NW 41 STREET 500 FRANK W BURR BLVD **MIAMI FL 33178** SIXTH FLOOR TEANECK NJ 07666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2351007 Not Applicable Zip 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 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEOD Delete TITLE ☐ Change ■ Addition PERENCHIO, A JERROLD NAME NAME STREET ADDRESS 1999 AVE OF THE STARS SUITE 3050 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067 CITY-ST-ZIP TITLE **CFOD** ☐ Delete TITI F ☐ Change Addition NAME **BLANK, GEORGE W** NAME STREET ADDRESS 500 FRANK W BURR BLVD 6TH FLOOR STREET ADDRESS

CR2E034 (9/01) CITY-ST-ZIP TEANECK NJ 07666 CITY-ST-ZIP TITLE **EVPD** ☐ Delete TITLE □ Change ☐ Addition NAME CAHILL, ROBERT V NAME STREET ADDRESS 1999 AVE OF THE STARS SUITE 3050 STREET ADDIRESS CITY-ST-ZIP LOS ANGELES CA 90067 CITY-ST-ZIP **VPS** ☐ Delete TITLE ☐ Change ☐ Addition NAME KRANWINKLE, C DOUGLAS NAME STREET ADDRESS 1999 AVE OF THE STARS SUITE 3050 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067 CITY-ST-ZIP **ASAT** ☐ Delete TITLE Change ☐ Addition NAME HOBSON, ANDREW NAME STREET ADDRESS 1999 AVE OF THE STARS SUITE 3050 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

201-287-4308

Daytime Phone #