

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001494

**Entity Name:** TELEVISA INTERNACIONAL, LLC**Current Principal Place of Business:**6355 N.W. 36TH STREET  
SUITE 101  
MIAMI, FL 33166**Current Mailing Address:**6355 N.W. 36TH STREET  
SUITE 101  
MIAMI, FL 33166 US**FEI Number:** 65-0957799**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NASSER, AISHA P  
6355 N.W. 36TH STREET  
SUITE 101  
MIAMI, FL 33166 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title CHAIRMAN, PRESIDENT, DIRECTOR  
Name GARCIA GONZALEZ, JOSE ANTONIO  
Address AV. VASCO DE QUIROGA 2000, COL.  
SANTA FE,  
City-State-Zip: MEXICO CITY, 01210

Title VP, SECRETARY, DIRECTOR  
Name BALCARCEL SANTA CRUZ, JOAQUIN  
Address AV.VASCO DE QUIROGA 2000,  
COL.SANTA FE  
City-State-Zip: MEXICO CITY 01210

Title VP, DIRECTOR  
Name LUTTEROTH ECHEGOYEN, JORGE A  
Address AV.VASCO DE QUIROGA 2000,  
COL.SANTA FE  
City-State-Zip: MEXICO CITY 01210

Title ASST. SECRETARY  
Name DOMINGUEZ COBIAN, MARIA  
AZUCENA  
Address AV.VASCO DE QUIROGA 2000,  
COL.SANTA FE  
City-State-Zip: MEXICO CITY 01210

Title LEGAL REPRESENTATIVE  
Name SPENCER, THOMAS R  
Address 2655 LEJEUNE ROAD  
SUITE 532  
City-State-Zip: CORAL GABLES FL 33190

Title TREASURER  
Name MARGAIN, GUADALUPE PHILLIPS  
Address AV.VASCO DE QUIROGA 2000  
COL.SANTA FE  
City-State-Zip: MEXICO CITY DF 01210

Title VP  
Name DEL OLMO, JOSE ANTONIO LARA  
Address AV. VASCO DE QUIROGA 2000  
COL.SANTA FE  
City-State-Zip: MEXICO CITY DF 01210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS R SPENCER**LEGAL REPRESENTATIVE** 02/06/2017\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date