

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001494

**Entity Name:** TELEVISA INTERNACIONAL, LLC**Current Principal Place of Business:**6355 N.W. 36TH STREET  
SUITE 2200  
VIRGINIA GARDENS, FL 33166**Current Mailing Address:**6355 N.W. 36TH STREET  
SUITE 2200  
VIRGINIA GARDENS, 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 2200  
VIRGINIA GARDENS, 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 A  
Address 6355 N.W. 36TH STREET  
SUITE 2200  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title VP, SECRETARY, DIRECTOR  
Name BALCARCEL SANTA CRUZ, JOAQUIN  
Address 6355 N.W. 36TH STREET  
SUITE 2200  
City-State-Zip: VIRGINIA GARDENS FL 33166

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

Title LEGAL REPRESENTATIVE  
Name NASSER, AISHA P  
Address 6355 N.W. 36TH STREET  
SUITE 2200  
City-State-Zip: VIRGINIA GARDENS FL 33166

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:** AISHA NASSER

DIRECTOR

02/08/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date