2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007245

1. Entity Name
FOX DIGITAL ENTERPRISES, INC.

Principal Place of Business
10201 WEST PICO BLVD.
LOS ANGELES, CA 90035

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 900
BEVERLY HILLS, CA 90213

02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0972989
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000003268802
04/27/05-80142-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	VINCIQUERRA, ANTHONY
STREET ADDRESS	10201 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90035
TITLE	P
NAME	SETOS, ANDY
STREET ADDRESS	10201 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90035
TITLE	V
NAME	FRIEDEL, RICHARD
STREET ADDRESS	10201 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90035
TITLE	VCFO
NAME	MAYBERRY, DEL
STREET ADDRESS	10201 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90035
TITLE	VAS
NAME	TUZON, RITA
STREET ADDRESS	10201 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90035
TITLE	V
NAME	ADRIENNE, GARY
STREET ADDRESS	10201 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90035

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond L. Parrish RAYMOND L. PARRISH 4-6-05 (310)369-1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #