

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000490

FILED
Apr 09, 2009
Secretary of State

Entity Name: SET DISTRIBUTION, L.L.C.

Current Principal Place of Business:

10202 WEST WASHINGTON BLVD., SPP 1132
CULVER CITY, CA 90232

New Principal Place of Business:

Current Mailing Address:

10202 WEST WASHINGTON BLVD., SPP 1132
CULVER CITY, CA 90232

New Mailing Address:

FEI Number: 51-0379531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAPLAN, ANDREW J
Address: 10202 WEST WASHINGTON BLVD., SPP 1132
City-St-Zip: CULVER CITY, CA 90232

Title: MGR () Delete
Name: LEGOY, KEITH
Address: 10202 WEST WASHINGTON BLVD., SPP 1132
City-St-Zip: CULVER CITY, CA 90232

Title: MGR () Delete
Name: SCHULTZ, T.C.
Address: 10202 WEST WASHINGTON BLVD., SPP 1132
City-St-Zip: CULVER CITY, CA 90232

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANDREW J. KAPLAN

MGR.

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date