


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001704 1. Entity Name ASCENT MEDIA SYSTEMS AND TECHNOLOGY SERVICES, LLC	
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Principal Place of Business 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401	Mailing Address 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401
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FILED

04 FEB -5 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01282004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 84-1567259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 <i>Deborah D. Skipper</i>	Deborah D. Skipper Asst. V. Pres.	2/5/2004 DATE
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASCENT MEDIA NETWORK SERVICES, INC. 520 BROADWAY 5TH FLOOR SANTA MONICA, CA 90401
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02/13/04--01004--005 **50.00

11. 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 is true and accurate and that my 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: <i>[Signature]</i>	William E. Niles, VP of Ascent Media Network	1-29-04 Date
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Services, Inc., Sole Member