

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100000490

FILED
Apr 23, 2015
Secretary of State
CC7635563011

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

Current Principal Place of Business:

10202 WEST WASHINGTON BLVD.
CULVER CITY, 90232

Current Mailing Address:

10202 WEST WASHINGTON BLVD., SPP 1137
CULVER CITY, CA 90232 US

FEI Number: 51-0379531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P
Name KAPLAN, ANDREW J
Address 10202 WEST WASHINGTON BLVD.,
SPP 1132
City-State-Zip: CULVER CITY CA 90232

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

Title C
Name MOSKO, STEVE
Address 10202 WEST WASHINGTON BLVD.,
SPP 1132
City-State-Zip: CULVER CITY CA 90232

Title SEVP
Name WEIL, LEAH
Address 10202 WEST WASHINGTON BLVD.,
SPP 1132
City-State-Zip: CULVER CITY CA 90232

Title EVP
Name FUKUNAGA, JOHN O
Address 10202 WEST WASHINGTON BLVD.,
SPP 1132
City-State-Zip: CULVER CITY CA 90232

Title AS
Name GOFMAN, STEVEN
Address 10202 WEST WASHINGTON BLVD.,
SPP 1132
City-State-Zip: CULVER CITY CA 90232

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: STEVEN GOFMAN

ASSISTANT SECRETARY 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date