

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100000490

**FILED  
Apr 11, 2018  
Secretary of State  
CC5408835947**

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

**Current Principal Place of Business:**

10202 W. WASHINGTON BLVD.  
CULVER CITY, CA 90232

**Current Mailing Address:**

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

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

Title EVP, ASSISTANT SECRETARY  
Name FUKUNAGA, JOHN O  
Address 10202 W. WASHINGTON BLVD.  
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:** JOHN FUKUNAGA

**ASSISTANT SECRETARY 04/11/2018**

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

\_\_\_\_\_ Date