2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000490

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

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 51-0379531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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	Title	MGR
Name	KAPLAN, ANDREW J	Name	SCHULTZ, T.C.
Address	10202 WEST WASHINGTON BLVD., SPP 1132	Address	10202 WEST WASHINGTON BLVD., SPP 1132
City-State-Zip:	CULVER CITY CA 90232	City-State-Zip:	CULVER CITY CA 90232
Title	C	Title	SEVP
Name	MOSKO, STEVE	Name	WEIL, LEAH
Address	10202 WEST WASHINGTON BLVD., SPP 1132	Address	10202 WEST WASHINGTON BLVD., SPP 1132
City-State-Zip:	CULVER CITY CA 90232	City-State-Zip:	CULVER CITY CA 90232
Title	EVP	Title	AS
Name	FUKUNAGA, JOHN O	Name	GOFMAN, STEVEN
Address	10202 WEST WASHINGTON BLVD., SPP 1132	Address	10202 WEST WASHINGTON BLVD., SPP 1132
City-State-Zip:	CULVER CITY CA 90232	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: STEVEN GOFMAN   ASSISTANT SECRETARY   04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail   Date