

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100000490

**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., SPP 119  
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 MANGER  
Name KAPLAN, ANDREW J  
Address 10202 W. WASHINGTON BLVD.  
City-State-Zip: CULVER CITY CA 90232

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  
Name FUKUNAGA, JOHN O  
Address 10202 W. WASHINGTON BLVD.  
City-State-Zip: CULVER CITY CA 90232

Title AS  
Name GOFMAN, STEVEN  
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:** STEVEN GOFMAN

**ASSISTANT SECRETARY** 05/02/2017

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

\_\_\_\_\_  
Date