

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000258

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC2477839276**

**Entity Name:** OMNINET FOUNTAIN GP, LLC

**Current Principal Place of Business:**

9420 WILSHIRE BLVD 4TH FLOOR  
BEVERLY HILLS, CA 90212

**Current Mailing Address:**

9420 WILSHIRE BLVD 4TH FLOOR  
BEVERLY HILLS, CA 90212

**FEI Number:** 46-1674683

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGRM  
Name NAZARIAN, BENJAMIN  
Address 9420 WILSHIRE BLVD 4TH FLOOR  
City-State-Zip: BEVERLY HILLS CA 90212

Title MGRM  
Name COSTANTINI, ANDREA  
Address 9420 WILSHIRE BLVD 4TH FLOOR  
City-State-Zip: BEVERLY HILLS CA 90212

Title MGRM  
Name DANIELPOUR, MICHAEL  
Address 9420 WILSHIRE BLVD 4TH FLOOR  
City-State-Zip: BEVERLY HILLS CA 90212

*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:** MICHAEL DANIELPOUR

**MANAGER**

**04/27/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date