2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2016
Secretary of State
CC9683390912

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Entity Name: TANGLIN PRODUCTION, LLC

Current Principal Place of Business:

8551 NW 30TH TERRACE
DORAL, FL 33122

Current Mailing Address:

8551 NW 30TH TERRACE
DORAL, FL 33122

FEI Number: 46-3579792

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	MANAGER
Name	MAYER, KEVIN
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	MANAGER
Name	SHERWOOD, BEN
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	MANAGER
Name	SWEENEY, ANNE X
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	MEMBER
Name	FUSION MEDIA NETWORK LLC
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	MANAGER
Name	ECK, JOHN
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	MANAGER
Name	HOBSON, ANDREW W
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	MANAGER
Name	RODRIGUEZ, JUAN CARLOS
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

Title	AUTHORIZED REPRESENTATIVE
Name	LIEBERMAN, ERIC
Address	8551 NW 30TH TERRACE
City-State-Zip:	DORAL FL 33122

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: ERIC LIEBERMAN AUTHORIZED SIGNER 04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date