

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000016029

**Entity Name:** NAT GEO VIA SERVICES CO., LLC

**Current Principal Place of Business:**

1145 17TH STREET NW  
WASHINGTON, DC 20036

**Current Mailing Address:**

500 SOUTH BUENA VISTA STREET  
BURBANK, CA 91521 US

**FEI Number:** 87-2132106

**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           SOLE MEMBER  
Name           NATIONAL GEOGRAPHIC PARTNERS,  
                  LLC  
Address        1145 17TH STREET NW  
City-State-Zip: WASHINGTON DC 20036

Title           TREASURER  
Name           GOMEZ, CARLOS A  
Address        500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title           SECRETARY  
Name           GAVAZZI, CHAKIRA H  
Address        500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title           ASSISTANT TREASURER  
Name           GROSSMAN, DANIEL F  
Address        500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title           PRESIDENT  
Name           KAPENSTEIN, JAMES M  
Address        3400 WEST OLIVE AVENUE  
City-State-Zip: BURBANK CA 91505

*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:** CHAKIRA H. GAVAZZI

**SECRETARY**

**04/12/2024**

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

\_\_\_\_\_  
Date