## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 09, 2000 8:00 am Secretary of State

| DOCU<br>1. Entity Nam   | MENT # 852092  | Secretary of State 05-09-2000 90075 012 ***150.00      |                       |                                |  |                                |         |                             |                |
|---|--|--|-----------------------|--------------------------------|--|--------------------------------|---------|-----------------------------|----------------|
|   | ETH CENTURY FOX  |  |                       |                                |  |                                |         |                             |                |
| 10201 N   | w. Pico Blvd.<br>geles, CA 90035<br>Tax Dept.              | P.O. BOX 900 Attn: Tax Dept Beverly Hills, CA 90213 US |                       |                                | B0082989   |                                |         |                             |                |
| 2. Principal Place of Business  |  | 3. Mailing Address                                     |                       |                                |  |                                |         |                             |                |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                    |                       |                                | DO NOT WRITE IN THIS SPACE                         |                                |         |                             |                |
| City & Stat   | <del> </del>   | City & State   |                       |                                | 4. FEI Number<br>94-2558829                        |                                |         | oplied For<br>ot Applicable | e              |
| Zip   | Country Zip  |  | Co                    | untry                          | e L Fee  | \$8.75 Additional Fee Required |         |                             |                |
|   | 6. Name and Address of Current                             | egistered Agent Name                                   |                       |                                | 7. Name and Address of New Registered Agent        |                                |         |                             | -              |
|   |  |  |                       |                                | Street Address (P.O. Box Number is Not Acceptable) |                                |         |                             |                |
| Suite :   | 105  |  |                       | City                           | ·  |                                | Zip Coo | <u> </u>                    | 4              |
|   | assee FL 32301 named entity submits this statement         |  |                       |                                | FL   | Z.p 000                        |         | 1                           |                |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  |  |  |                       |                                |  |                                |         |                             |                |
| 11.   | OFFICERS AND D   |  | 12.                   | , × ,                          | ADDITIONS/CHANGES TO OF                            | FICERS AND DI                  | RECTOR  | S IN 11                     | ┨              |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   | T<br>Miller, David E<br>10201 W. Pico B<br>Los Angeles, CA | Dekete   | TITLE<br>NAMI<br>STRE |                                |  |                                | Change  | Addition                    | CR2E034 (9/99) |
| TITLE   | D  | Delete   | TITLE                 |                                |  | . [                            | Change  | Addition                    | ᆟ용             |
| NAME<br>STREET ADDRESS  | Murdoch, Rupert<br>10201 W. Pico B                         |  |                       | ET ADDRESS                     |  |                                |         |                             |                |
| CITY - ST - ZIP   | <u>Los Angeles, CA</u><br>VP                               | 90035 Delete   | TITLE                 | · ST · ZIP                     |  |                                | Change  | Addition                    | -              |
| NAME<br>STREET ADDRESS  | Parrish, Ray<br>10201 W. Pico B                            | lvd.   | NAMI<br>STRE          | ET ADDRESS                     |  | <b>L.</b>                      | Grange  |                             |                |
| CITY - ST - ZIP   | Los Angeles, CA  | 90035  | TITLE                 | - ST - ZIP                     |  | <del></del>                    | Change  | Addition                    | -              |
| NAME<br>STREET ADDRESS  | Wyatt, Pat<br>10201 W. Pico B                              | LJ   | NAME                  |                                | •  |                                | Change  |                             |                |
| CITY - ST - ZIP   | Los Angeles, CA  |  | CITY                  | - ST - ZIP                     |  |                                |         |                             | ┨              |
| TITLE<br>NAME   | S<br>Doodan, Michael                                       | Delete   | TITLE                 |                                |  |                                | Change  | Addition                    | 1              |
| STREET ADDRESS  | 10201 W. Pico B<br>Los Angeles, CA                         |  | STRE                  | -<br>EET ADDRESS<br>- ST - ZIP |  |                                |         |                             |                |
| TITLE   | LUD IMIGCICO, CA   | Delete   | TITLE                 | ŀ                              | 1  |                                | Change  | Addition                    | آ              |
| NAME<br>STREET ADDRESS  | NAN<br>STR   |  | ET ADDRESS            |                                |  |                                |         |                             |                |
| CITY - ST - ZIP   |  |  |                       | - ST - ZIP                     |  |                                |         |                             |                |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |  |  |                       |                                |  |                                |         |                             |                |
| SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #  |  |  |                       |                                |  |                                |         |                             |                |