2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F02000002499

Entity Name: BET PRODUCTIONS II, INC.

Current Principal Place of Business:

1235 W. STREET
WASHINGTON, DC 20018

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL D. FRIKLAS
1515 BROADWAY
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 52-2186070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: LEE, DEBRA L
Address: 1235 W. STREET
City-St-Zip: WASHINGTON, DC 20018

Title: VPAS ( ) Delete
Name: FUERST, JANE R
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: SDEV ( ) Delete
Name: FRICKLAS, MICHAEL D
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: DEVP ( ) Delete
Name: BARGE, JAMES W
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: DSVP ( ) Delete
Name: DOOLEY, THOMAS
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: SVPT ( ) Delete
Name: NELSON, GEORGE S TOBY
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SCOTT, MILLS
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARGE, JAMES W
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: D (X) Change ( ) Addition
Name: DOOLEY, THOMAS
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT MILLS P 04/15/2009

Electronic Signature of Signing Officer or Director — Date