## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNUAL	REPORT			
DOCUMENT # M0100001704				FILED	
ASCENT MEDIA SYSTEMS AND TECHNOLOGY SERVICES, LLC				04 <sub>FEB</sub>	-5 00
	a of Business VAY, 5TH FLOOR CA, CA 90401	Mailing Address 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401	17/	TALLAHAS	SKY OF STATE SSEE. FLORIDA
DO NOT WRITE IN THIS SPACE				01282004 No Chg-LLC	CR2E083 (10/03)  Applied For
				84-1567259  5. Certificate of Status Desired	Not Applicable  \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				DO NOT WI IN THIS SP	웹트 화물에서 가능하는 모르게 되었다.
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title it applicable.  Deborah D. Skip Asst V. Pres.  (NOTE: Registered Agent signature required)  Filling Fee is \$50.00				per	ida. I am familiar with, and accept    2/5/2004     DATE
De	ue by May 1, 2004				
9. TITLE	MANAGING MEMBER	S/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	ASCENT MEDIA NETWORK SERV 520 BROADWAY 5TH FLOOR SANTA MONICA, CA 90401	/ICES, INC.		700028/ 02/13/04—01004	5 <b>86297</b> F-005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE • NAME STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied with the on this report is true and accurate and the billity company of the receiver at trustee	at my signature shall have the sam	e legal effect as if n	nade under oath; that I am a manag	further certify that the information ing member or manager of the

1-29-04

Daytime Phone #

William E. Niles, VP of

Ascent Media Network

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OF