

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000260

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** BLACK ENTERTAINMENT TELEVISION LLC

**Current Principal Place of Business:**

1235 W. STREET, NE  
WASHINGTON, DC 20018 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 BROADWAY  
NEW YORK, NY 10036

**New Mailing Address:**

1515 BROADWAY  
ATTN: MICHAEL D. FRICKLAS  
NEW YORK, NY 10036

**FEI Number:** 20-4002478

**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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BET HOLDINGS LLC  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: CFO  
Name: LEE, DEBRA L  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: P  
Name: MILLS, SCOTT  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: EVPS  
Name: FRICKLAS, MICHAEL D  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

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

Title: AS  
Name: FUERST, JANE R  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JANE R. FUERST

AS

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date