

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006421

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** PSI SERVICES LLC

**Current Principal Place of Business:**

2950 N. HOLLYWOOD WAY, SUITE 200  
BURBANK, CA 91505

**New Principal Place of Business:**

**Current Mailing Address:**

2950 N. HOLLYWOOD WAY, SUITE 200  
BURBANK, CA 91505

**New Mailing Address:**

**FEI Number:** 20-5910717

**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:** MGR  
**Name:** KOENIG, PEGGY  
**Address:** 111 HUNTINGTON AVE.  
**City-St-Zip:** BOSTON, MA 02199

**Title:** MGR  
**Name:** MARRERO, ROGER  
**Address:** 111 HUNTINGTON AVE.  
**City-St-Zip:** BOSTON, MA 02199

**Title:** MGR  
**Name:** KANJI, AZRA  
**Address:** 111 HUNTINGTON AVE.  
**City-St-Zip:** BOSTON, MA 02199

**Title:** MGR  
**Name:** TAPP, STEPHEN  
**Address:** 2950 N. HOLLYWOOD WAY, SUITE 200  
**City-St-Zip:** BURBANK, CA 91505

**Title:** MGR  
**Name:** MOXIE, JEFFREY E  
**Address:** STE 200 2950 NORTH HOLLY WAY  
**City-St-Zip:** BURBANK, CA 91505

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:** JEFFREY E. MOXIE

MGT

04/15/2010

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