

10/24/24, 12:50 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: legalnotices@fox.com

Foreign Limited Liability Company
Fox Entertainment Studios, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 805.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Fox Entertainment Studios, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLCO")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLCO")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 33-1540291

(FEC number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 805.0904 & 805.0905, F.S. to determine penalty liability)

5. 10201 W. Pico Blvd.

(Street Address of Principal Office)

6. PO Box 960

(Mailing Address)

Los Angeles, CA 90064

Beverly Hills, CA 90213

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By Crystle Stevenson, Asst Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Michael Kaiser</u>	☐ Manager	Name: <u>Leonard Fondetoo</u>
☐ Member	Address: <u>10201 W. Pico Blvd</u>	☐ Member	Address: <u>1211 Avenue of the Americas</u>
☒ Authorized	<u>Los Angeles, CA 90064</u>	☒ Authorized	<u>New York, NY 10036</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u>Foxcorp Holdings LLC</u>	☐ Manager	Name: <u>Bryant O'Neal</u>
☒ Member	Address: <u>10201 W. Pico Blvd</u>	☐ Member	Address: <u>1211 Avenue of the Americas</u>
☐ Authorized	<u>Los Angeles, CA 90064</u>	☒ Authorized	<u>New York, NY 10036</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u>Darrel Cross</u>	☐ Manager	Name: _____
☐ Member	Address: <u>10201 W. Pico Blvd.</u>	☐ Member	Address: _____
☒ Authorized	<u>Los Angeles, CA 90064</u>	☐ Authorized	_____
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Michael Kaiser

Michael Kaiser (Oct 22, 2024 22:44:20)

Signature of an authorized person

Michael Kaiser

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOX ENTERTAINMENT STUDIOS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



5373553 8300

SR# 20243980009

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 204660401

Date: 10-17-24