

2001 UNIFORM BUSINESS REPORT (UBR)

0031274 AF

DOCUMENT # M97000000227

1. Entity Name

FOX PROFESSIONAL SERVICES, LLC

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10201 WEST PICO BLVD.
LOS ANGELES CA 90035

Mailing Address

ATTN: TAX DEPT.
PO BOX 900
BEVERLY HILLS CA 90213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4609405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME FOX/LIBERTY NETWORKS, LLC
STREET ADDRESS 10201 WEST PICO BLVD.
CITY-ST-ZIP LOS ANGELES CA 90035 ☒ Delete

TITLE
NAME Fox Sports Net LLC ☒ Change ☐ Addition
STREET ADDRESS 10201 W. Pico Blvd.
CITY-ST-ZIP Los Angeles, CA 90035

TITLE MGR
NAME FOX REGIONAL SPORTS MEMBER, INC.
STREET ADDRESS 1300 MARKET STREET, #404
CITY-ST-ZIP WILMINGTON DE 19805 ☒ Delete

TITLE
NAME
STREET ADDRESS 500004422645-9
CITY-ST-ZIP -06/15/01-01067-009
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME LIBERTY SPORTS MEMBER, INC.
STREET ADDRESS 8101 E. PRENTICE AVENUE, #500
CITY-ST-ZIP ENGLEWOOD CO 80111 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Raymond L. Parish

4/18/2001 (310)369-1557

CR2E083 (11/00)