## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M97000000227

1. Entity Name FOX PROFESSIONAL SERVICES, LLC



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business 10201 WEST PICO BLVD. LOS ANGELES, CA 90035 Mailing Address ATTN: TAX DEPT. PO BOX 900 BEVERLY HILLS, CA 90213



02052004No Chg-LLC

CR2E083 (10/03)

| 4. FEI Number                    | Applied For                       |
|----------------------------------|-----------------------------------|
| 95-4609405                       | Not Applicabl                     |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of chan<br>lons of registered agent.   | ging its registered office or registered agent, or bo  | oth, in the State of Florida. I am familiar with, and accept   |
|--|--|--|--|
| SIGNATURE_                                     | SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE                                   |  |  |
| Filing Fee is \$50.00 ←<br>Due by May 1, 2004  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>FOX SPORTS NET LLC<br>10201 WEST PICO BLVD.<br>LOS ANGELES, CA <sup>-</sup> 90035   | -  | 000000136476<br>04/28/04-80092-015 50.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP          |  | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | IN   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| 11. I hereby of<br>Indicated<br>limited lia    | pertify that the information supplied with this filing does not on this report is true and accurate and that my signature shat bility company or the receiver or trustee empowered to exec | ualify for the exemption stated in Section 119.07(3)<br>all have the same legal effect as it made under out<br>ute this report as required by Chapter 608, Florida | (i), Florida Statutes. I further certify that the information in that I am a managing member or manager of the Statutes. |