

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90049 015 ****50.00

DOCUMENT # M97000000227

1. Entity Name
FOX PROFESSIONAL SERVICES, LLC



Principal Place of Business 10201 WEST PICO BLVD. LOS ANGELES, CA 90035	Mailing Address ATTN: TAX DEPT. PO BOX 900 BEVERLY HILLS, CA 90213
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 95-4609405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOX SPORTS NET LLC 10201 WEST PICO BLVD. LOS ANGELES, CA 90035
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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 4/8/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #