

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001190

Entity Name: NATIONAL GEOGRAPHIC PARTNERS, LLC**Current Principal Place of Business:**1145 17TH STREET, NW
WASHINGTON, DC 20036**Current Mailing Address:**500 S. BUENA VISTA STREET
BURBANK, CA 91521 US**FEI Number:** 91-2099147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:** KAREN ROSE

02/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	ASSISTANT SECRETARY
Name	GAVAZZI, CHAKIRA H
Address	500 S. BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521

Title	MEMBER
Name	NGSP, INC.
Address	1145 17TH STREET NW
City-State-Zip:	WASHINGTON DC 20036

Title	MEMBER
Name	TFCF-NGC (INTERNATIONAL) HOLDINGS, INC.
Address	10201 WEST PICO BOULEVARD
City-State-Zip:	LOS ANGELES CA 90035

Title	MEMBER
Name	TFCF INTERNATIONAL CHANNELS (US), INC.
Address	10201 WEST PICO BOULEVARD
City-State-Zip:	LOS ANGELES CA 90035

Title	MEMBER
Name	TFCF-NGC (US) HOLDINGS, INC.
Address	10201 WEST PICO BOULEVARD
City-State-Zip:	LOS ANGELES CA 90035

Title	ASSISTANT TREASURER
Name	GROSSMAN, DANIEL F
Address	500 SOUTH BUENA VISTA ST
City-State-Zip:	BURBANK CA 91521

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAKIRA H. GAVAZZI**ASSISTANT SECRETARY** 02/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date