

**2024 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

04/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

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

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

Title TREASURER  
Name GROSSMAN, DANIEL F.  
Address 500 S. BUENA VISTA STREET  
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

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date