|                               |  | с с             | <b>u</b>                                  |            |  |  |  |
|-------------------------------|--|-----------------|---|------------|--|--|--|
| SIGNATURE                     | : KAREN ROSE                             |                 |   | 01/03/2020 |  |  |  |
|                               | Electronic Signature of Registered Agent |                 |   | Date       |  |  |  |
| Authorized Person(s) Detail : |  |                 |   |            |  |  |  |
| Title                         | AUTHORIZED MEMBER                        | Title           | AUTHORIZED MEMBER                         |            |  |  |  |
| Name                          | FOX INTERNATIONAL CHANNELS<br>(US) INC.  | Name            | FOX-NGC (INTERNATIONAL)<br>HOLDINGS, INC. |            |  |  |  |
| Address                       | 10201 WEST PICO BOULEVARD                | Address         | 10201 WEST PICO BOULEVARI                 | D          |  |  |  |
| City-State-Zip:               | LOS ANGELES CA 90035                     | City-State-Zip: | LOS ANGELES CA 90035                      |            |  |  |  |
| Title                         | AUTHORIZED MEMBER                        | Title           | AUTHORIZED MEMBER                         |            |  |  |  |
| Name                          | FOX-NGC (US) HOLDINGS, INC.              | Name            | NGSP, INC.                                |            |  |  |  |

Address

City-State-Zip:

### Name and Address of Current Registered Agent:

10201 WEST PICO BOULEVARD

City-State-Zip: LOS ANGELES CA 90035

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.

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: EVELYN T MILLER

SECRETARY

01/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

### **Current Mailing Address:**

PO BOX 900 BEVERLY HILLS. CA 90213 US

# FEI Number: 91-2099147

Address

## 2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# M16000001190

Entity Name: NATIONAL GEOGRAPHIC PARTNERS, LLC

FILED Jan 03, 2020 Secretary of State 2948508361CC

Certificate of Status Desired: No

1145 17TH STREET NW

WASHINGTON DC 20036

Date