



# State of California

## Secretary of State

88

### STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
Secretary of State  
State of California  
**DEC 30 2015**

**1. LIMITED LIABILITY COMPANY NAME**

VIXEN PRODUCTIONS LLC

This Space For Filing Use Only

**File Number and State or Place of Organization**

2. SECRETARY OF STATE FILE NUMBER  
201335510093

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

**No Change Statement**

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
33790 WILLOW HAVEN LN UNIT #105	MURRIETA	CA	92563

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
33790 WILLOW HAVEN LN UNIT #105	MURRIETA	CA	92563

**Name and Complete Address of the Chief Executive Officer, If Any**

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
AMBER DELICIA SILVA	37790 WILLOW HAVEN LN UNIT #105	MURRIETA	CA	92563

**Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member** (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
AMBER DELICIA SILVA	33790 WILLOW HAVEN LN UNIT #105	MURRIETA	CA	92563

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
MICHAEL A CRUZ	P.O. BOX 28481	SAN DIEGO	CA	92198

11. NAME	ADDRESS	CITY	STATE	ZIP CODE

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
AMBER DELICIA SILVA

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
33790 WILLOW HAVEN LN UNIT #105	MURRIETA	CA	92563

**Type of Business**

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY PROMOTIONS

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

12/27/15  
DATE

AMBER DELICIA SILVA  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

MANAGER  
TITLE

*[Signature]*  
SIGNATURE