



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

LLC-12

66 146

**FILED**  
 Secretary of State  
 State of California

MAR 11 2019

26/20/CC

Above Space For Office Use Only

**IMPORTANT** — This form can be filed online at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).

Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

Fox Broadcasting Company, LLC

2. 12-Digit Secretary of State Entity (File) Number

201902910077

3. State, Foreign Country or Place of Organization (only if formed outside of California)

Delaware

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box

10201 West Pico Boulevard

City (no abbreviations)

Los Angeles

State

CA

Zip Code

90035

b. Mailing Address of LLC, if different than Item 4a

PO Box 900

City (no abbreviations)

Beverly Hills

State

CA

Zip Code

90213

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete Item 5a

Fox Networks Group, Inc., member

c. Address

10201 West Pico Boulevard

City (no abbreviations)

Los Angeles

State

CA

Zip Code

90035

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State

CA

Zip Code

**CORPORATION** — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

C T Corporation System

CO168406

**7. Type of Business**

Describe the type of business or services of the Limited Liability Company

Television and Entertainment

**8. Chief Executive Officer, if elected or appointed**

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. The information contained herein, including any attachments made part of this document, is true and correct.

2/19/19

Date

Robert D. Tharaeparambil

Type or Print Name of Person Completing the Form

Authorized Person

Title

Signature