



State of California

Secretary of State

ENTERED

01273

STATEMENT OF INFORMATION (Limited Liability Company)

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

GL / Prod:

Disc:

Code:

Approval:

Acct:

Exec/UPM:

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

JAFFE/BRAUNSTEIN ENTERTAINMENT, LLC

POSTED

Date

Dr

Cr

Initial

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
200304410045

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
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
1631 21ST STREET	SANTA MONICA	CA	90404
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
c/o ITV US HOLDINGS, INC. 1633 BAYSHORE HIGHWAY, SUITE 320	BURLINGAME	CA	94010
7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
1631 21ST STREET	SANTA MONICA	CA	90404

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

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
HOWARD BRAUNSTEIN	1631 21ST STREET	SANTA MONICA	CA	90404

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
EMILY BRECHER	15303 VENTURE BLVD., C-800	SHERMAN OAKS	CA	91403
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
MICHAEL JAFFE	1631 21ST STREET	SANTA MONICA	CA	90404
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
JULIE MELDAL-JOHNSON	15303 VENTURE BLVD., C-800	SHERMAN OAKS	CA	91403

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

BARBARA CARSWELL

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
321 SOUTH BEVERLY DRIVE, SUITE M	BEVERLY HILLS	CA	90212

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY MOTION PICTURE PRODUCER

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

DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE
	HOWARD BRAUNSTEIN	CEO/MANAGER	