

State of California

Secretary of State 5



"01373

STATEMENT OF INFORMATION GL/ Prod:

(Limited Liability Company)

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

805 Flinter

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

JAFFE/BRAUNSTEIN ENTERTAINMENT, LLC

POSTED

Date_____

Dr____

Cr____

Initial

Approval: Acct:

Exec/UPM:

	Initial		This Space Fo	r Filing Use Only
File Number and State or Place of Or	ganization			
2. SECRETARY OF STATE FILE NUMBER 200304410045	3. STATE OR CALIFORNI	PLACE OF ORGANIZATION A	(If formed outside	e of California)
No Change Statement				
State, or no Statement of Information	ne information contained in the last Stateme in has been previously filed, this form must any of the information contained in the last St	be completed in its ent	urety.	
State, check the box and proceed		Fred 7 connet be D O D	Payor \	
	g (Do not abbreviate the name of the city. Items	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL OFFICE				
1631 21ST STREET	THANITTME	SANTA MONICA	CA STATE	90404 ZIP CODE
6. MAILING ADDRESS OF LLC, IF DIFFERENT		BURLINGAME	CA	94010
 TV US HOLDINGS, INC. 163 STREET ADDRESS OF CALIFORNIA OFFIC 	33 BAYSHORE HIGHWAY, SUITE 320	CITY	STATE	ZIP CODE
		SANTA MONICA	CA	90404
1631 21ST STREET			TO A CITE AND IN	
Name and Complete Address of the G	Chief Executive Officer, If Any			
8. NAME	ADDRESS	CITY	STATE	ZIP CODE
HOWARD BRAUNSTEIN	1631 21ST STREET	SANTA MONICA	CA	90404
Address of Each Member (Attach addi	y Manager or Managers, or if None Have ional pages, if necessary.) ADDRESS	CITY	STATE	ZIP CODE
	15303 VENTURE BLVD., C-800	SHERMAN OAKS	CA	91403
EMILY BRECHER				ZIP CODE
EMILY BRECHER 10. NAME	ADDRESS	CITY	STATE	
	ADDRESS 1631 21ST STREET	SANTA MONICA	CA	90404
10. NAME MICHAEL JAFFE 11. NAME	ADDRESS 1631 21ST STREET ADDRESS	SANTA MONICA	CA STATE	90404 ZIP CODE
10. NAME MICHAEL JAFFE 11. NAME JULIE MELDAL-JOHNSEN	ADDRESS 1631 21ST STREET ADDRESS 15303 VENTURE BLVD., C-800	SANTA MONICA CITY SHERMAN OAKS	CA STATE CA	90404 ZIP CODE 91403
10. NAME MICHAEL JAFFE 11. NAME JULIE MELDAL-JOHNSEN Agent for Service of Process If the ag P.O. Box is not acceptable. If the agent is a Corporations Code section 1505 and Item 13	ADDRESS 1631 21ST STREET ADDRESS 15303 VENTURE BLVD., C-800 ent is an individual, the agent must reside in Califoration, the agent must have on file with the B must be left blank.	SANTA MONICA CITY SHERMAN OAKS ornia and Item 13 must be	CA STATE CA	90404 ZIP CODE 91403 a California address
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