



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

VC 20

17-478672

FILED
 Secretary of State
 State of California

JUN 19 2017

IMPORTANT — 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

21/20/PC
This Space For Office Use Only

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

SHOCK MEDIA GROUP, LLC

2. 12-Digit Secretary of State File Number

201106210030

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

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 18400 VON KARMAN AVENUE, SUITE 1000	City (no abbreviations) IRVINE	State CA	Zip Code 92612
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
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 addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b PETER	Middle Name Q	Last Name NGUYEN	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 18400 VON KARMAN AVENUE, SUITE 1000	City (no abbreviations) IRVINE	State CA	Zip Code 92612

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) JOHN	Middle Name G	Last Name TRAN	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 18400 VON KARMAN AVENUE, SUITE 1000	City (no abbreviations) IRVINE	State CA	Zip Code 92612

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

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company HOLDING COMPANY
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8. Chief Executive Officer, if elected or appointed

a. First Name PETER	Middle Name Q	Last Name NGUYEN	Suffix
b. Address 18400 VON KARMAN AVENUE, SUITE 1000	City (no abbreviations) IRVINE	State CA	Zip Code 92612

9. The information contained herein, including any attachments, is true and correct.

06/12/2017

Date

JOHN TRAN

Type or Print Name of Person Completing the Form

MANAGER

Title

[Signature]
 Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [JOHN GIANG TRAN]
 Company: SHOCK MEDIA GROUP, LLC
 Address: 18400 VON KARMAN AVENUE, SUITE 1000
 City/State/Zip: [IRVINE, CA 92612]