Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

22-A32372

FILED

In the office of the Secretary of State of the State of California

JAN 19, 2022

This Space For Office Use Only

IMPORTANT — This form can be filed online at 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.)

EXTREMELY DANGEROUS PRODUCTIONS LLC

2. 12-Digit Secretary of State Entity Number	**3. State, Foreign Country or Place of Organization** (only if formed outside of California)
202134010470	DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
500 S BUENA VISTA ST	BURBANK	CA	91521
b. Mailing Address of LLC, **if different than item 4a**	City (no abbreviations)	State	Zip Code
500 S BUENA VISTA ST	BURBANK	CA	91521
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 additional managers/members, enter the names(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
MVL PRODUCTIONS LLC

c. Address	City (no abbreviations)	State	Zip Code
1600 ROSECRANS AVENUE	MANHATTAN BEACH	CA	90266

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	Zip Code
		CA	

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

CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)

7. Type of Business

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

PRODUCTION ENTITY FOR DTC SERIES

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. Labor Judgment

Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	☐ Yes ☑ No

10. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

01/19/2022	CHAKIRA H GAVAZZI	SECRETARY	
Date	Type or Print Name	Title	Signature