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

**LLC-12**

**22-A32376**

**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.)

PRODIGAL PIE PRODUCTIONS LLC

| **2. 12-Digit Secretary of State Entity Number** | **3. State, Foreign Country or Place of Organization** (only if formed outside of California) |
|---|---|
| 202135610002 | 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

STREAMING SERVICE PRODUCTION

**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 |