



State of California
 Bill Jones
 Secretary of State

**LIMITED LIABILITY COMPANY
 APPLICATION FOR REGISTRATION
 CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form
 IMPORTANT – Read instructions before completing this form.

FILED
 In the Office of the Secretary of State
 of the State of California

JAN 16 2002

Bill Jones
 BILL JONES, Secretary of State

This Space For Filing Use Only

1. Secretary of State File Number **199907110049**

2. Name under which this foreign limited liability company is conducting business in California:
 FOX FAMILY POST PRODUCTION, LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED, IF NECESSARY. CONSULT THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A. The name under which this foreign limited liability company conducts business in California. (End the name with the words "Limited Liability Company," or "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")

ABC FAMILY POST PRODUCTION, LLC

B. The name of the foreign limited liability company has been changed as follows and has been recorded in the home state or country:

ABC FAMILY POST PRODUCTION, LLC

C. State or country of formation of the foreign limited liability company, if false or erroneous at time of registration.

D. Date on which the foreign limited liability company was formed, if false or erroneous at time of registration.

E. Address of the principal executive office:	City	State	Zip Code
500 SOUTH BUENA VISTA STREET	BURBANK	CA	91521

F. Address of the principal office in California:	City	State	CA	Zip Code
10960 WILSHIRE BOULEVARD	LOS ANGELES			90024

4. Future effective date, if any: Month Day Year

5. Number of pages attached, if any:

6. **Declaration:** It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

Marsha L. Reed

Signature of Authorized Person

MARSHA L. REED, MANAGER

Type or Print Name and Title of Authorized Person

JANUARY 10, 2002

 Date

RETURN TO:

NAME _____
 FIRM _____
 ADDRESS _____
 CITY/STATE _____
 ZIP CODE _____