



ZIP CODE

SEC/STATE (REV. 5/99)

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 1 6 2002

BILL JONES, Secretary of State

This Space For Filing Use Only

FORM LLC-6 – FILING FEE: \$30.00 Approved by Secretary of State

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, IJIC 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.					
	C. State of Country of formation of the foreign limited liability company, if faise of errolleous 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: 10960 WILSHIRE BOULEVARD	City LOS ANGELES	State	CA	Zip Code 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, MANAGER				
	Signature of Authorized Person	Type or Print Name and Title of Authorized Person				
	JANUARY 10, 2002					
	Date					
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	NAME			ı		
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	CITY/STATE			ı		