



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

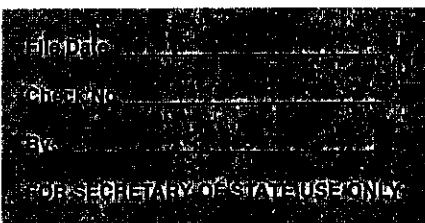
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |                    |                     |     |
|---|-------|---|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>97624</b>  |       | 2. Exact name of the limited liability company<br><b>Capital Media Communication, LLC</b>   |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>The development and distribution of film video and other media products</b> |                    |                     |     |
| 5. Principal office address<br><b>Vastmannagatan 107A S-113 Stockholm, Sweden</b>                                 |       | City  | State              | Zip                 |     |
| 6. CONTACT INFORMATION (PRINT OR TYPE NAME AND ADDRESS OF CONTACT PERSON)   |       |   |                    |                     |     |
| Contact Name<br><b>David F. Fox, Esq.</b>   |       | Contact Title<br><b>Resident Agent</b>  |                    |                     |     |
| Street Address<br><b>850 Aquidneck Ave. B-11</b>  |       | City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02842</b> |     |
| 7. LIST ALL MANAGERS (PRINT OR TYPE NAME AND ADDRESS OF EACH MANAGER) (SEE INSTRUCTIONS FOR BOXES FOR ATTACHMENT) |       |   |                    |                     |     |
| Manager Name<br><b>Bo Backman</b>   |       | Manager Name  |                    |                     |     |
| Street Address<br><b>Vastmannagatan 107A S-113 43 Stockholm, Sweden</b>   |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| Manager Name  |       | Manager Name  |                    |                     |     |
| Street Address  |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |   |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |       |   |                    |                     |     |

**FILED**

OCT 28 2014

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*David F. Fox*      *10/20/14*  
 Signature of Authorized Person      Date

**David F. Fox, Esq. /Resident Agent**

Print or Type Name of Authorized Person