s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222-30	10	
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
		nonu failing ar rafuaing	
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc.		
16-66(b&c)) is subject to a _l	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>001341375</u>	5		
2. Exact Name of the Li	mited Liability Company GEP CE	NCAST. LLC	
3. State of Formation		······································	
State: <u>DE</u>			
<u>541214</u>	e information on <u>NAICS</u> can be found	onine.	
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode	Island
	N BACKGROUND ACTORS TO	MOTION PICTURE AND TEL	<u>EVISION</u>
PRODUCTION COMP.	<u>ANIES.</u>		
5. Principal Office Addre	SS		
No. and Street: CORPO	RATION SERVICE COMPANY		
	NTERVILLE ROAD, SUITE 140	<u>)</u>	
City or Town: <u>WILMIN</u>	<u>IGTON</u>	State: <u>DE</u> Zip: <u>19808</u> Coun	try: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title		
No. and Street: GEP C	ENCAST, LLC		
	IORTH NAOMI STREET		
City or Town: BURB	<u>ANK</u> St	ate: <u>CA</u> Zip: <u>91504</u> Countr	'y: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab RS	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code	, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of November, 2017 at 6:14:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TONYA MCCANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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