

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214546758

1.) CORPORATION NAME:

**Vitec Broadcast Services Inc.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1361007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2701 N ONTARIO ST

CITY/ST/ZIP: BURBANK, CA 91504

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HALID HATIC		
TITLE:	PRESIDENT		
ADDRESS:	2701 N ONTARIO ST		
CITY/ST/ZIP/CO:	BURBANK, CA 91504		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TOM DICKINSON		
TITLE:	VICE PRESIDENT		
ADDRESS:	2701 NORTH ONTARIO STREET		
CITY/ST/ZIP/CO:	BURBANK, CA 91504-5051		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN SCHRIEBER		
TITLE:	VP/FINANCE		
ADDRESS:	2701 N. ONTARIO ST.		
CITY/ST/ZIP/CO:	BURBANK, CA 91504		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL L MARTELL		
TITLE:	SECRETARY		
ADDRESS:	909 3RD AVENUE 27TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW DANILOWICZ		
TITLE:	DIRECTOR		
ADDRESS:	2701 NORTH ONTARIO STREET		
CITY/ST/ZIP/CO:	BURBANK, CA 91504		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRED FELLMETH		
TITLE:	DIRECTOR		
ADDRESS:	2701 NORTH ONTARIO STREET		
CITY/ST/ZIP/CO:	BURBANK, CA 91504		

NAME: MARTIN GREEN TITLE: DIRECTOR ADDRESS: 2701 NORTH ONTARIO STREET CITY/ST/ZIP/CO: BURBANK, CA 91504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PAUL HAYES TITLE: DIRECTOR ADDRESS: 2701 N. ONTARIO STREET CITY/ST/ZIP/CO: BURBANK, CA 91504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL L MARTELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL L MARTELL, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/16/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.