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**State of California**  
**Secretary of State**

**STATEMENT OF INFORMATION**  
(Limited Liability Company)

107 NY

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
Secretary of State  
State of California

**FEB 22 2019**

21/20/PC

This Space For Filing Use Only

1 LIMITED LIABILITY COMPANY NAME

Epic Action LLC

**File Number and State or Place of Organization**2. SECRETARY OF STATE FILE NUMBER  
201306810048

3. STATE OR PLACE OF ORGANIZATION (if formed outside of California)

**No Change Statement**

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.
**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

| 5. STREET ADDRESS OF PRINCIPAL OFFICE | CITY          | STATE | ZIP CODE |
|---------------------------------------|---------------|-------|----------|
| 2225 E Bayshore Rd, Suite 200         | Palo Alto, CA |       | 94303    |

| 6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
|   |      |       |          |

| 7. STREET ADDRESS OF CALIFORNIA OFFICE | CITY      | STATE | ZIP CODE |
|--|-----------|-------|----------|
| 2225 E Bayshore Rd, Suite 200          | Palo Alto | CA    | 94303    |

**Name and Complete Address of the Chief Executive Officer, if Any**

| 8. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|---------|---------|------|-------|----------|
|         |         |      |       |          |

**Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member** (Attach additional pages, if necessary.)

| 9. NAME             | ADDRESS                       | CITY          | STATE | ZIP CODE |
|---------------------|-------------------------------|---------------|-------|----------|
| Victoria Valenzuela | 2225 E Bayshore Rd, Suite 200 | Palo Alto, CA |       | 94303    |

| 10. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
|          |         |      |       |          |

| 11. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
|          |         |      |       |          |

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS

Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service

| 13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
|  |      | CA    |          |

**Type of Business**

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Mobile game developer

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

2/21/2019

DATE

Victoria Valenzuela

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Manager

TITLE

SIGNATURE

LLC-12 (REV 01/2014)

APPROVED BY SECRETARY OF STATE