

July 3, 2018

Attn: Premium Processing Unit
California Service Center
U.S. Citizenship and Immigration Services
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Re: P-1 Nonimmigrant Visa Petition (Entertainment Group)
Petitioner: Marathon Productions, Inc. DBA America's Got Talent
Beneficiary: YUDI (aka UDI)

Dear Immigration Examiner:

This office represents the above-referenced parties in the above-captioned immigration law matter.

Submitted as part of, and in support of this petition are the following forms and documents:

- 1) Form I-129, together with O Classification Supplement;
- 2) Form G-28;
- 3) Form I-907;
- 4) Letter of support and explanation from Petitioner;
- 5) Advisory Opinions from SAG and AMPTP;
- 6) List of exhibits evidencing the alien's extraordinary achievement;
- 6) Filing-fee checks in the amounts of \$460 and \$1,225.

Thank you very much for your review of this petition. If you require any additional information or documentation, please do not hesitate to contact me.

Kindest regards,



TIEN-LI LOKE WALSH
Attorney at Law

Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application

I-129; I-129 O/P Supplement

2. Receipt Number of Related Petition or Application

3. Classification or Eligibility Requested

P-1

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Marathon Productions, Inc. dba America's Got Talent

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

Vishnyak

Given Name (First Name)

Denis

Middle Name

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Lopez

Given Name (First Name)

Suzanne

Middle Name

S.

Position Title

Executive Vice President, Business & Legal Affairs

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

20-0279024

Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

2900 W. Alameda Avenue

Apt. Ste. Flr. Number

800

City or Town

Burbank

State

CA

ZIP Code

91505

Province

Postal Code

Country

United States

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

(310) 454-7920

4. Requestor's Mobile Telephone Number (if any)

FAX: (310) 454-7920

5. Requestor's Email Address (if any)

tl@lokewalsh.com

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

6. Requestor's Signature



Date of Signature (mm/dd/yyyy)

JUL 03 2018

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3,**

Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification,** and has verified the accuracy of every answer.

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature _____ Date of Signature (mm/dd/yyyy) _____

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer:

Preparer's Full Name

1. Preparer's Family Name (Last Name) _____ Preparer's Given Name (First Name) _____
Loke Walsh _____ Tien-Li _____

2. Preparer's Business or Organization Name (if any) _____
Loke Walsh Immigration Law, PC _____

Preparer's Mailing Address

3. Street Number and Name _____ Apt. Ste. Flr. Number _____
881 Alma Real Drive _____ 205 _____

City or Town _____ State _____ ZIP Code _____
Pacific Palisades _____ CA _____ 90272 _____

Province _____ Postal Code _____ Country _____
_____ _____ United States _____

Preparer's Contact Information

4. Preparer's Daytime Telephone Number _____ 5. Preparer's Mobile Telephone Number (if any) _____
(310) 454-7920 _____ (310) 454-7940 _____

6. Preparer's Email Address (if any) _____
tl@lokewalsh.com _____

Preparer's Statement

7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature



Date of Signature (mm/dd/yyyy)

JUL 03 2018



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)
▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before (Select **only one** box):

1.a. USCIS

1.b. List the form numbers

2.a. ICE

2.b. List the specific matter in which appearance is entered

3.a. CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select **only one** box:
 Applicant Petitioner Requestor
 Respondent (ICE, CBP)

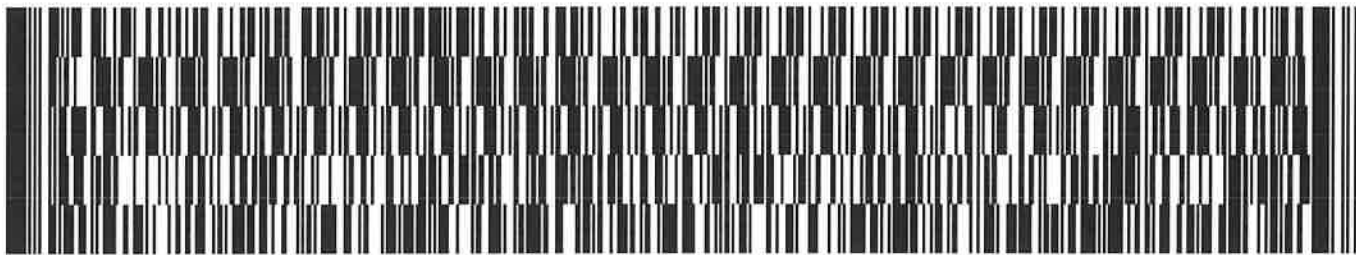
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

- 7. USCIS ELIS Account Number (if any)
▶
- 8. Alien Registration Number (A-Number) or Receipt Number
- 9. Daytime Telephone Number
- 10. Mobile Telephone Number (if any)
- 11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

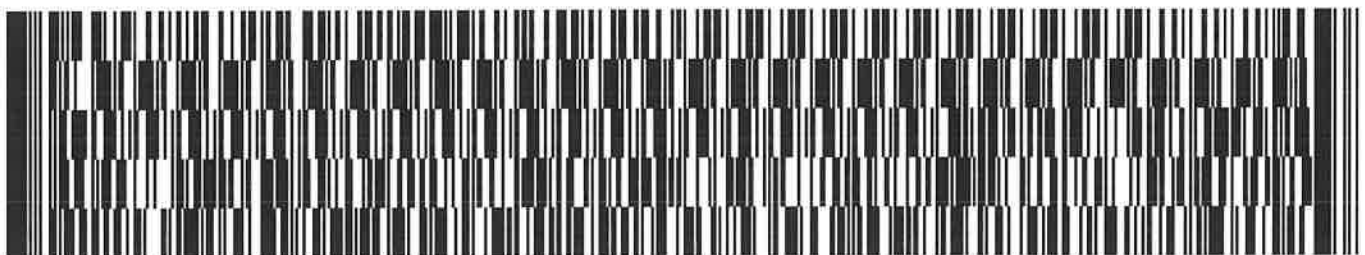
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)
Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. Name of Law Firm
- 1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
- 2.c. Date accreditation expires (mm/dd/yyyy) ▶



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3.** (whichever is appropriate).

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a. in Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
→

3.b. Date of Signature (mm/dd/yyyy) ▶

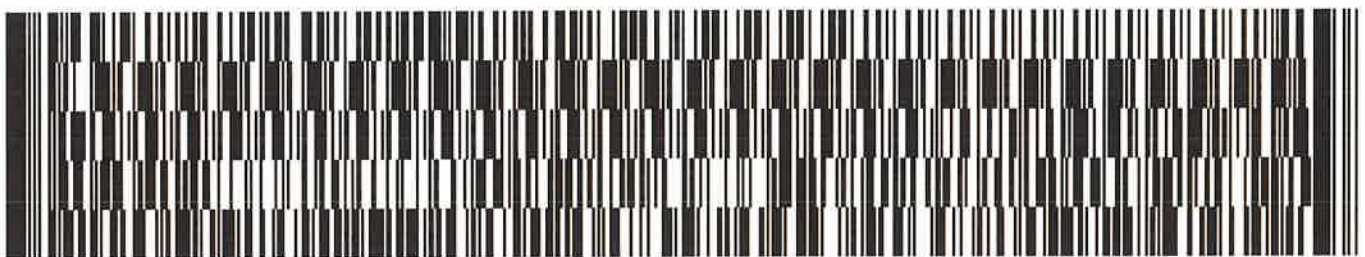
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶



Part 2. Information About This Petition (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol):

2. **Basis for Classification** (select only one box):
 - a. New employment.
 - b. Continuation of previously approved employment without change with the same employer.
 - c. Change in previously approved employment.
 - d. New concurrent employment.
 - e. Change of employer.
 - f. Amended petition.

3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."** ▶

4. **Requested Action** (select only one box):
 - a. Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
 - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) ▶

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**

2. **Provide Name of Beneficiary**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text" value="Vishnyak"/>	<input style="width: 95%;" type="text" value="Denis"/>	<input style="width: 95%;" type="text"/>

3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

4. **Other Information**

Date of birth (mm/dd/yyyy) <input style="width: 150px;" type="text" value="02/12/1981"/>	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Social Security Number (if any) ▶ <input style="width: 100px;" type="text"/>
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Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ▶ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ▶ No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ▶ No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9**, and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ▶ No
8. Did you indicate you were filing a new petition in **Part 2**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9**.
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b**. No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title 2. LCA or ETA Case Number

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
4. Did you include an itinerary with the petition? Yes No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
7. Is this a full-time position? Yes No
8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶
9. Wages: \$ per (Specify hour, week, month, or year) ▶
10. Other Compensation (Explain)

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)
12. Type of Business 13. Year Established
14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select **Item Number 1** or **Item Number 2** as appropriate. **DO NOT** select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Lopez

Given Name (First Name)

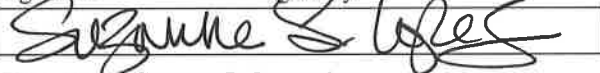
Suzanne

Title

Executive Vice President, Business & Legal Affairs

2. Signature and Date

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy) 06/22/2018

3. Signatory's Contact Information

Daytime Telephone Number

(818) 748-1196

Email Address (if any)

suzanne.lopez@fremantlemedia.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Loke Walsh

Given Name (First Name)

Tien-Li

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Loke Walsh Immigration Law, PC

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name	Apt.	Ste.	Flr.	Number
881 Alma Real Drive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	205
City or Town	State	ZIP Code		
Pacific Palisades	CA	90272		
Province	Postal Code	Country		
		United States		

4. Preparer's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
(310) 454-7920	(310) 454-7940	tl@lokewalsh.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer	Date of Signature (mm/dd/yyyy)
	JUL 03 2018



O and P Classifications Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2018

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Marathon Productions, Inc. dba America's Got Talent

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

[Empty text box]

OR

2.b. Provide the total number of beneficiaries: Ten (10)

3. Classification sought (select only one box)

- a. O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- b. O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- c. O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
- d. P-1 Major League Sports
- e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- f. P-1S Essential Support Personnel for P-1
- g. P-2 Artist or entertainer for reciprocal exchange program
- h. P-2S Essential Support Personnel for P-2
- i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

Will perform on television show, America's Got Talent, and any other events related to the show.

5. Describe the duties to be performed.

Will perform on television show, America's Got Talent, and any other events related to the show.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the principal O-1 or P alien.

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

- Yes. If yes, please explain in **Item Number 7.b.**
- No.

Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

8. Does an appropriate labor organization exist for the petition?
 Yes No. If no, proceed to **Part 9**, and type or print your explanation.
9. Is the required consultation or written advisory opinion being submitted with this petition?
 Yes No - copy of request attached N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

10.b. Physical Address

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

10.c. Date Sent (mm/dd/yyyy)

10.d. Daytime Telephone Number

O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

11.b. Complete Address

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

11.c. Date Sent (mm/dd/yyyy)

11.d. Daytime Telephone Number

12.a. Name of Management Organization

12.b. Physical Address

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

12.c. Date Sent (mm/dd/yyyy)

12.d. Daytime Telephone Number

Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P alien

13.a. Name of Labor Organization

13.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

1. Name of Petitioner


Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Signature and Date

Signature of Petitioner

➔ 

Date of Signature

(mm/dd/yyyy)

3. Petitioner's Contact Information

Daytime Telephone Number

Email Address (if any)

DEAL MEMO

Marathon Productions, Inc.
2900 West Alameda Avenue, Floor 8
Burbank, California 91505

MEMORANDUM

This letter confirms the intent of Marathon Productions, Inc. DBA America's Got Talent to have Denis Vishnyak (Dancer), Sergey Sharov (Dancer), Vladimir Li (Dancer), Nikolay Mitkin (Dancer), Yury Bakin (Dancer), Evgennii Smirnov (Dancer), Igor Andrikevich (Dancer), Vladimir Sarafan (Dancer), Andrei Bakhtin (Dancer), and Dmitrii Titov (Dancer), perform as part of the dance group, YUDI aka UDI, on the reality-based talent television show, America's Got Talent (AGT).

YUDI's participation could span from approximately August 1, 2018 until December 31, 2018, including Dolby Theater live shows, the season finale and AGT live shows as part of the AGT Tour.

YUDI will be competing for the prize money of \$1 million.

Location: Dolby Theater, Hollywood and on location as required.

Please note that appearances are contingent upon obtaining approval from the U.S. Citizenship and Immigration Services.

Signed,



Suzanne S. Lopez
Executive Vice President, Business and Legal Affairs

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Mitkin	Nikolay	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
12/17/1993	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
2 Lesnaya 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		
Tomsk				
Province	Postal Code	Country		
Tomsk	634000	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Bakin	Yury	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
03/07/1982	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
Mira St. 27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139
City or Town	State	ZIP Code		
Tomsk				
Province	Postal Code	Country		
Tomsk	634059	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Smirnov	Evgenii	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
07/06/1986	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
4 Gpazdanskayq St. 43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
City or Town	State	ZIP Code		
Moscow				
Province	Postal Code	Country		
Moscow	107370	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Andrikevich	Igor	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
09/28/1982	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	▶
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
St. Govorova 11 V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
City or Town	State	ZIP Code		
Tomsk				
Province	Postal Code	Country		
Tomsk	634057	Russia		
Country of Birth	Country of Citizenship or Nationality			
Kazakhstan	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Sarafan	Vladimir	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
11/23/1996	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
Leninsa St. 1241	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
City or Town	State		ZIP Code	
Tomsk				
Province	Postal Code	Country		
Tomsk	634009	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Sharov	Sergey	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
07/06/1985	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
St. Nektyanaya 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118
City or Town	State	ZIP Code		
Tomsk				
Province	Postal Code	Country		
Tomsk	634045	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Li	Vladimir	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
05/01/1993	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
Frunze St. 63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78
City or Town	State		ZIP Code	
Tomsk				
Province	Postal Code	Country		
Tomsk	634061	Russia		
Country of Birth	Country of Citizenship or Nationality			
Kazakhstan	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
Bakhtin	Andrei	
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
11/23/1995	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		A-Number (if any)
		A-

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
Pereulok Abbanskiy 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		
Tomsk				
Province	Postal Code	Country		
Tomsk	634033	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name	
Titov	Dmitrii		
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)	A-Number (if any)
10/12/1994	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		A-

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
Frunze St. 116	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
City or Town	State	ZIP Code		
Tomsk				
Province	Postal Code	Country		
Tomsk	634021	Russia		
Country of Birth	Country of Citizenship or Nationality			
Russia	Russia			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	

Advisory Opinions

ALLIANCE OF MOTION PICTURE AND TELEVISION PRODUCERS

15301 Ventura Boulevard, Building E, Sherman Oaks, CA 91403

Tel: 818.995.3600 • Fax: 818.285.4452 • www.amptp.org

Laura della Vedova
Counsel

Direct: 818.935.5938
immigration@amptp.org

June 29, 2018

U.S. Department of Homeland Security
United States Citizenship and Immigration Services
California Service Center
24000 Avila Road
2nd Floor, Room 2312
Laguna Niguel, California 92677

Re: **Advisory Opinion of Alliance of Motion Picture & Television Producers for the Ten (10) Members of the Group known as “Yudi” (P-1 Visas) and Tetiana Young a.k.a. Tanya Young (P-1 Visa)**

Dear Adjudication Officer:

The Alliance of Motion Picture & Television Producers represents major feature and television motion picture producers in the motion picture industry and consults with the United States Citizenship and Immigration Services on questions that arise in connection with whether individuals whom companies seek to employ in the field of motion picture and television production qualify for immigration benefits. Federal regulations do not require that a management organization submit an advisory opinion in connection with a visa application; nevertheless, we are issuing this advisory opinion at the request of the petitioner.

We have reviewed the documents that Marathon Productions, Inc. d.b.a. America's Got Talent is submitting to your office in order to obtain P-1 visas on behalf of the following individuals to enable them to serve as performers for the television show, *America's Got Talent*:

1. Denis Vishnyak Dancer
2. Sergey Sharov Dancer
3. Vladimir Li Dancer
4. Nikolay Mitkin Dancer
5. Yury Bakin Dancer
6. Evgenii Smirnov Dancer
7. Igor Andrikevich Dancer
8. Vladimir Sarafan Dancer
9. Andrei Bakhtin Dancer
10. Dmitrii Titov Dancer

Seven (7) Members of the Group known as "Nucleo Extremo" (P-1 Visas)

June 29, 2018

Page 2

Based upon our review of the petition and supporting documentation, it is our opinion that the above listed beneficiaries have a history of internationally recognized achievement as outstanding in their field of endeavor and that their prospective services clearly require individuals of their level of professional and artistic achievement. Accordingly, we support the granting of a P-1 visa for these beneficiaries.

We have also reviewed the documentation submitted for a P-1S visa on behalf of the accompanying support personnel, translator, Tetiana Young a.k.a. Tanya Young. This position is not covered under any collective bargaining agreement and, therefore, we are unable to submit an official consultation letter. Nevertheless, we believe that the beneficiary has skills and experience that are not of a general nature and is essential to the successful completion of the picture. Accordingly, we have no objection to the granting of a P-1S visa for this beneficiary.

Sincerely,

laura@amptp.org

Laura della Vedova

LdV/cah

Digitally signed by laura@amptp.org
DN: CN=laura@amptp.org
Date: 2018-06-29 16:20:11



July 2, 2018

U.S. Citizenship & Immigration Services
Western Regional Service Center
24000 Avila Road
Laguna Niguel, California 92677

Re: P-1 Visa Advisory Opinion Requests for the members of the dance group:

YUDI a/k/a UDI:
Denis VISHNYAK
Sergey SHAROV
Vladimir LI
Nikolay MITKIN
Yury BAKIN
Evgennii SMIRNOV
Igor ANDRIKEVICH
Vladimir SARAFAN
Andrei BAKHTIN
Dmitrii TITOV

Dear Examiner:

This is to advise that Screen Actors Guild-American Federation of Television and Radio Artists ("SAG-AFTRA"), which represents the occupational peers of the proposed beneficiary, raises no objection to the granting of P-1 Visas in connection with the above-referenced performers services as members of the dance group "YUDI a/k/a UDI" in the television series titled *America's Got Talent (AGT)* for MARATHON PRODUCTIONS, INC., as petitioned by MARATHON PRODUCTIONS, INC. D/B/A AMERICA'S GOT TALENT.

Sincerely,


DUNCAN CRABTREE-IRELAND

DCI/so/18-0908

DUNCAN CRABTREE-IRELAND • Chief Operating Officer and General Counsel
dcis@sagaftra.org • SAGAFTRA.org • Tel. +1.323.549.6632 • Fax +1.323.549.6624
SCREEN ACTORS GUILD - AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
5757 Wilshire Blvd., 7th Floor, Los Angeles, CA 90036-3600
Associated Actors & Artistes of America / AFL-CIO

PETITIONER'S LETTER OF SUPPORT

Marathon Productions, Inc.
2900 West Alameda Avenue, Floor 8
Burbank, California 91505

June 21, 2018

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
California Service Center
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

**Re: P-1 Visa Petition for YUDI (aka UDI)
(Internationally Recognized Dance Group)**

Petitioner: Marathon Productions, Inc. DBA America's Got Talent
Beneficiaries:

1. **Denis Vishnyak** (Dancer)
2. **Sergey Sharov** (Dancer)
3. **Vladimir Li** (Dancer)
4. **Nikolay Mitkin** (Dancer)
5. **Yury Bakin** (Dancer)
6. **Evgennii Smirnov** (Dancer)
7. **Igor Andrikevich** (Dancer)
8. **Vladimir Sarafan** (Dancer)
9. **Andrei Bakhtin** (Dancer)
10. **Dmitrii Titov** (Dancer)

Dear Immigration Examiner,

This letter is written in support of the P-1 visa petition filed by Marathon Productions, Inc. DBA America's Got Talent on behalf of the internationally renowned dance group, YUDI. The group consists of Denis Vishnyak, who joined in 1999; Yury Bakin, who joined in 1999; Igor Andrikevich, who joined in 1999; Sergey Sharov, who joined in 2006; Nikolay Mitkin, who joined in 2010; Dmitrii Titov, who joined in 2010; Vladimir Li, who joined in 2010; Andrei Bakhtin, who joined in 2010; Vladimir Sarafan, who joined in 2013; and Evgenii Smirnov, who joined in 2017. All members of the group have been performing together for at least 1 year.

YUDI is scheduled to perform and compete on the live television show, America's Got Talent.

THE PETITIONER

Marathon Productions, Inc. DBA America's Got Talent is a full-service production company, best known for producing the world-renowned live television series *America's Got Talent*, broadcast on NBC.

After a record-breaking Season 12, summer phenomenon "America's Got Talent" is back on Tuesday, May 29, 2018 with Creator and Judge Simon Cowell returning alongside Mel B, Heidi Klum and Howie Mandel. Supermodel, entrepreneur and business CEO Tyra Banks joined the team last summer as host and melded effortlessly with the judges, bringing her unmistakable personal flair and verve to the show. With the search open to acts of all ages, "America's Got Talent" has brought the variety format back to the forefront of American culture by showcasing unique performers from around the world. The series is a true celebration of creativity and talent, featuring a colorful array of singers, dancers, comedians, contortionists, impressionists, magicians, ventriloquists and hopeful stars, all vying to win America's hearts and \$1 million.

In order to allow YUDI to perform on Season 13 of the NBC television show America's Got Talent, Marathon Productions DBA America's Got Talent is requesting that the Service favorably adjudicate its petition in the "P-1" nonimmigrant classification.

EVIDENCE OF YUDI'S INTERNATIONAL RECOGNITION IN THE FIELD

YUDI have established a name for themselves as an extraordinarily successful dance group comprised of several illustrious members who have attained a high degree of success in the field. YUDI's members come from various backgrounds and bring a diverse set of dance skills to their dynamic performances, which entails break dancing with elements of acrobatics and complex choreography.

A dance group performs meticulously choreographed dance numbers with expert precision in order to create a full-scale spectacle for a captive audience. Due to the physical rigors involved in rehearsing and training the body to be agile and fully coordinated, a dance group spends prolonged periods of time perfecting an act before performing it on the stage. This reliance on training, teamwork, and impeccable physicality, demonstrates that a dance group is undoubtedly **leading and critical to any event or production it is involved in.**

As an exceptionally gifted dance group, YUDI have performed at a number of high profile events and venues to packed audiences and rave reviews from critics, including appearing as finalists on spin-offs of the top rated *Got Talent* series, such as *Ukraine's Got Talent* and *Britain's Got Talent*. Additionally, YUDI performed on such major competition series as *Das Supertalent*, *Tu Si Que Vales*, and *Minute of Glory*, where they were selected as finalists.

YUDI's performances at distinguished events and organizations clearly demonstrate their fervent demand from audiences worldwide. Furthermore, their consistent placement as finalists and semifinalists at the aforementioned events, demonstrates the remarkable proficiency in the field. For evidence pertaining to YUDI's performances for distinguished events and organizations, please refer to [Exhibits 1, 2].

Given their global prominence as a highly venerated dance group, YUDI has received press coverage from a wealth of major outlets from around the world, including *USA Today*, *Gold Derby*,

Hollywood Life, Get More Sports, 2 Paragraphs, The Silver Coffee, Telecem, The Local Time, and scores of others. The breadth of media attention given to YUDI is indicative of their stature as an internationally revered dance group. Copious reviews and articles praise their performances and artistic merits, as well as provide interviews with members of the group themselves. Please find enclosed as **[Exhibit 3]**, evidence of YUDI's press materials.

Throughout their accomplished career, YUDI have made critical contributions to a multitude of live events and organizations, and were essential to their overall commercial, financial, and artistic success. As an incredibly gifted dance group, they successfully cultivated a signature style, which has attracted massive audiences from around the world, and garnered them a slew of laudatory reviews from high profile media from around the world.

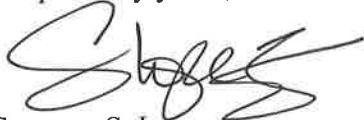
Marathon Productions, Inc. is petitioning for P-1 classification to enable YUDI to appear on its highly popular show, *America's Got Talent* and to participate in any promotional events related to the show or their performance. As per the regulations and as noted above, Marathon Productions, Inc. believes that its petition more than meets the Service's criteria in that, YUDI have:

- Performed as a leading group for productions or events which have a distinguished reputation;
- Achieved international recognition and acclaim as evidenced by reviews in major magazines and appearances on major television programs;
- Performed in a leading group for organizations that have a distinguished reputation; and,
- Acquired a record of major commercially or critically acclaimed successes.

Based on Marathon Productions, Inc.'s need for YUDI's services as performers of extraordinary ability, as well as their dazzling professional accomplishments and noted industry reputation, we respectfully request the approval of this application.

Thank you very much for your time and consideration.

Respectfully yours,



Suzanne S. Lopez
Executive Vice President, Business and Legal Affairs

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P-1 Entertainment Group: **YUDI**

Position: **Dance Group**

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2. Information about YUDI's distinguished events and organizations
3. Evidence that YUDI has received significant national and international press coverage in news and entertainment publications