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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 816125



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90112 018 ***150.00

SCREEN	ACTORS GUILD, INC								
Principal Place	e of Business	Mailing Address				1 100101 10101 11010 01101 11010 1	1881 Bill BiBli BiBli B	1911 B1811 B18	DI 4120 IESI
5757 WILSHIRE BLVD LOS ANGELES CA 90036 5757 WILSHIRE BLVD LOS ANGELES CA 90036						DO NOT WR	ITE IN THIS SPA	ACE	
						3. Date Incorporated or Qualifed	İ		
						05/29/1962		, , , , , , , , , , , , , , , , , , , 	
2. Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Number			lied For
21		26				95-1202270			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certifcate of Status Desired	3	8.75 Ac Fee Req	
City & State	e	City & State				6. Election Campaign Financing		\$5.00 N	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the cur			_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered Age	nt	
				81	Name				
	L, MEL B			82	Street Ac	Idress (P.O. Box Number is Not Accep	table)		
	N. KENDALL DRIVE							_	
	E 620			83					. [
MIAN	AI FL 33156			84	City		8	5 Zip C	ode
				- {	1	opporation submits this statement for the	FL °		
agent. I a SIGNATURE	rn familiar with, and accept the obligation of the state	tions of, Section 607.	(NOTE: Registe	tatutes	·	uired when reinstating) ADDITIONS/CHANGES TO O	DATE		
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14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR