

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90082 009 ***150.00

DOCUMENT # 816125

1. Entity Name

SCREEN ACTORS GUILD, INC

Principal Place of Business

Mailing Address

**5757 WILSHIRE BLVD
 LOS ANGELES CA 90036**

**5757 WILSHIRE BLVD
 LOS ANGELES CA 90036-3635**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-1202270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARL, MEL B
 7300 N. KENDALL DRIVE
 SUITE 620
 MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and (title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T O'NEIL, F.J.	NAME	
STREET ADDRESS	5757 WILSHIRE BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELS CA 90036	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RS HARU, SUMI	NAME	
STREET ADDRESS	5757 WILSHIRE BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FVP AQUINO, AMY	NAME	
STREET ADDRESS	5757 WILSHIRE BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90036	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MASUR, RICHARD	NAME	William Daniels
STREET ADDRESS	5757 WILSHIRE BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Secretary Karen Austin
STREET ADDRESS		STREET ADDRESS	5757 Wilshire Blvd.
CITY-ST-ZIP		CITY-ST-ZIP	Los Angeles, CA 90036
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Daniels
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00
 Date

Daytime Phone #

CR2E034 (9/99)