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## **2001 UNIFORM BUSINESS REPORT (UBR)**

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## Feb 01, 2001 8:00 am **DOCUMENT #816125 Secretary of State** 1. Entity Name SCREEN ACTORS GUILD, INC 02-01-2001 90150 015 \*\*\*150.00 Principal Place of Business Mailing Address 5757 WILSHIRE BLVD 5757 WILSHIRE BLVD LOS ANGELES CA 90036 LOS ANGELES CA 90036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-1202270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARL, MEL B Street Address (P.O. Box Number is Not Acceptable) 7300 N. KENDALL DRIVE SUITE 620 **MIAMI FL 33156** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \* Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change O'NEIL, F.J. NAME NAME **5757 WILSHIRE BLVD** STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP LOS ANGELS CA 90036 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARU, SUMI NAME NAME 5757 WILSHIRE BLVD \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA ■ Addition TITLE Delete TITLE ☐ Change DANIELS, WILLIAM NAME NAME 5757 WILSHIRE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA TITLE ☐ Delete TITLE ☐ Change Addition AUSTIN, KAREN NAME NAME 5757 WILSHIRE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90036 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP 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 suppliemental 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.