


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 15 PM 12:41

DOCUMENT # 816125 1. Entity Name SCREEN ACTORS GUILD, INC					
Principal Place of Business 5757 WILSHIRE BLVD LOS ANGELES, CA 90036			Mailing Address 5757 WILSHIRE BLVD LOS ANGELES, CA 90036		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10222004 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number 95-1202270	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRENSKY, LESLIE 7300 NORTH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Katrina Nason</u> KATRINA NASON ASST. NATL. CONTROLLER 11/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, KENT		NAME	Cromwell, James	
STREET ADDRESS	5757 WILSHIRE BLVD.		STREET ADDRESS	5757 Wilshire Blvd.	
CITY-ST-ZIP	LOS ANGELES, CA 90036		CITY-ST-ZIP	Los Angeles, CA 90036	
TITLE	1V	<input checked="" type="checkbox"/> Delete	TITLE	1V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, MIKE		NAME	Johnson, Anne-Marie	
STREET ADDRESS	5757 WILSHIRE BLVD.		STREET ADDRESS	5757 Wilshire Blvd.	
CITY-ST-ZIP	LOS ANGELES, CA 90036		CITY-ST-ZIP	Los Angeles, CA 90036	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, MELISSA		700042747117 11/15/04--01050--011 **150.00		
STREET ADDRESS	5757 WILSHIRE BLVD.				
CITY-ST-ZIP	LOS ANGELES, CA 90036				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOULD, ELLIOTT				
STREET ADDRESS	5757 WILSHIRE BLVD				
CITY-ST-ZIP	LOS ANGELES, CA 90036				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Melissa Gilbert</u> MELISSA GILBERT 10/30/04 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone</small>					

11/22/04