


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 5757 WILSHIRE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: CONTROLLER			
City & State		City & State LOS ANGELES, CA		4. FEI Number 95-1202270	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
90036		USA		10192005 REIN-NP CR2E099 (6/04)	
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 <i>Leslie L. Krensky</i>		LESLIE L. KRENSKY		10/22/05	
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROMWELL, JAMES 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETER FRANK 5757 WILSHIRE BLVD LOS ANGELES, CA 90036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V JOHNSON, ANNE-MARIE 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600062122806 12/13/05--01048--007 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, MELISSA 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 10/05 B 12/7/05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>[Signature]</i>			12/21/05 323-549-6410		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
05 DEC -7 PM 12:50

