


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 816125 1. Entity Name SCREEN ACTORS GUILD, INC			05 OCT 12 8:14
Principal Place of Business 5757 WILSHIRE BLVD LOS ANGELES, CA 90036		Mailing Address 5757 WILSHIRE BLVD ATN CONTROLLER LOS ANGELES, CA 90036 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KRENSKY, LESLIE 7300 NORTH KENDALL DRIVE SUITE 620 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
4. FEI Number 95-1202270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
SIGNATURE <i>Leslie Krensky</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>10/10/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROMWELL, JAMES 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNIE STEVENS (SAME ADDRESS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V JOHNSON, ANNE-MARIE 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V KENT McCORD (SAME ADDRESS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, MELISSA 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAN ROSENBERG (SAME ADDRESS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANK, PETER 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080775424 10/12/06--01043--002 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Katrina Nelson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>10/6/06</u> (323) 549-6689 <small>Daytime Phone #</small>	

B. Mitchell OCT 12 2006