
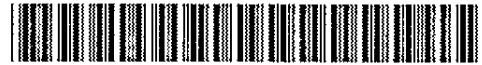


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 816125 1. Entity Name SCREEN ACTORS GUILD, INC	
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Principal Place of Business 5757 WILSHIRE BLVD LOS ANGELES, CA 90036	Mailing Address 5757 WILSHIRE BLVD ATN CONTROLLER LOS ANGELES, CA 90036 US
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07162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 95-1202270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRENSKY, LESLIE
 7300 NORTH KENDALL DRIVE
 SUITE 620
 MIAMI, FL 33156

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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 *Leslie Krensky* (NOTE: Registered Agent signature required when reinstating) DATE 7/25/07

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, CONNIE 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V MCCORD, KENT 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBERG, ALAN 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANK, PETER 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/31/07-80006-013 61.25

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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 affidavit, with all other like empowered.

SIGNATURE: *Peter C. Frank* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 7-20-07 DAYTIME PHONE # 923-549-4808

PETER C. FRANK, CFO