

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90042 022 \*\*\*\*70.00

**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  
 ATN CONTROLLER  
 LOS ANGELES, CA 90036 US**

40049000



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

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 A. Krensky*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

1/15/08  
DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
 IN THIS SPACE**

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: *Connie Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08  
Date

323.549.6689  
Daytime Phone #