2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#816125

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: SCREEN ACTORS GUILD, INC

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ROSENBERG, ALAN

FRANK, PETER

CFO

5757 WILSHIRE BLVD.

5757 WILSHIRE BLVD.

LOS ANGELES, CA 90036

LOS ANGELES, CA 90036

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	HIRE BLVD ELES, CA 90036				
Current Mailing Address:			New Mailing Address:		
5757 WILSHIRE BLVD ATN CONTROLLER LOS ANGELES, CA 90036 US		5757 WILSHIRE BLVD LOS ANGELES, CA 90036			
FEI Number:	95-1202270 F	El Number Applied For()	FEI Number Not Appli	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
KRENSKY, 7300 NOR SUITE 620 MIAMI, FL	ΓΗ KENDALL DR	IVE			
The above in the State		mits this statement for the purp	pose of changing it	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic §	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () Del STEVENS, CONNIE 5757 WILSHIRE BL LOS ANGELS, CA	: LVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	1V () Del MCCORD, KENT 5757 WILSHIRE BL LOS ANGELES CA	.VD.	Title: Name: Address: City-St-Zin:	1V (X) Change () Addition ANNE MARIE, JOHNSON 5757 WILSHIRE BLVD. LOS ANGELES CA 90036	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

CFO

ARIANNA, OZZANTO

5757 WILSHIRE BLVD.

LOS ANGELES, CA 90036

SIGNATURE: LESLIE KRENSKY DIR 01/09/2009

() Change () Addition

(X) Change () Addition