

A30872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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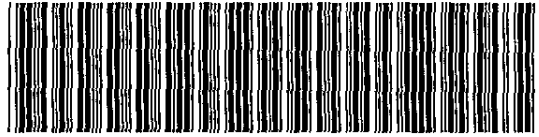
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Panavision International, L.P.
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A30872

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Office of General Counsel
(Name of Person)

Panavision International, L.P.
(Firm/Company)

6219 De Soto Avenue
(Address)

Woodland Hills, CA 91367
(City/State and Zip Code)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Damien Sullivan, Asst. General Counsel at (818) 316-1000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

Panavision International, L.P.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

The name and mailing address of the sole General Partner is as follows:

Panavision GP Inc.
6219 De Soto Avenue
Woodland Hills, CA 91367

F-04-6886

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TALLAHASSEE FLORIDA



(Signature of a General Partner)

Damien M. Sullivan, VP & Secretary of Panavision GP Inc.

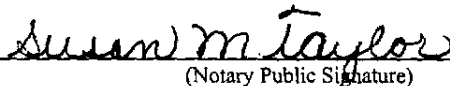
(Typed or printed name of General Partner signing above)

STATE OF California

COUNTY OF Los Angeles

On this 28 day of April, 2005, Damien Sullivan personally appeared before me,

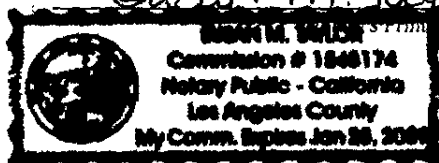
- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Susan M. Taylor

(Printed Name)



Seal

My Commission Expires:

1/28/2009