

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 9:45

DOCUMENT # A30872

1. Entity Name
PANAVISION INTERNATIONAL, L.P.



Principal Place of Business
6219 DE SOTO AVE.
WOODLAND HILLS, CA 91367

Mailing Address
6219 DE SOTO AVE.
WOODLAND HILLS, CA 91367

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11162005 REIN-LP CR2E100 (6/04)

4. FEI Number
13-3593064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

DATE

9. Capital Contributions
as Shown on record. \$52.50

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F04000006886
NAME PANAVISION GP INC.
STREET ADDRESS 6219 DE SOTO AVENUE
CITY-ST-ZIP WOODLAND HILLS, CA 91367

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400062128034
12/13/05--01064--007 **\$41.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Damien M. Sullivan

11-18-2005

818-316-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE