2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000001735

FILED Mar 30, 2007 Secretary of State

Entity Name: THE ACTORS' FUND OF AMERICA INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

729 7TH AVE, 10TH FL NEW YORK, NY 10019

Current Mailing Address: New Mailing Address:

729 7TH AVE, 10TH FL 729 7TH AVE, 10TH FL NEW YORK, NY 10019 ATT: JOY PASCUA-KIM NEW YORK, NY 10019

FEI Number: 13-1635251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAULEY, LARRY 859 SNELL ISLE BLVD

ST. PETERSBURG, FL 33704 US

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.

in the State of Florida.

SIGNATURE: LARRY PAULEY

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: ED (X) Change () Addition Name: MITCHELL, BRIAN S Name: BENINCASA, JOSEPH P

 Address:
 243 WEST 98TH STREET., #5C
 Address:
 729 7TH AVE 10TH FLOOR

 City-St-Zip:
 NEW YORK, NY 10025
 City-St-Zip:
 NEW YORK, NY 10019

Title: 1VP () Delete Title: CFO (X) Change () Addition Name: O'CONNOR, NANCY Name: LOPEZ-LINUS, TONY

 Name:
 O'CONNOR, NANCY
 Name:
 LOPEZ-LINUS, TONY

 Address:
 30822 BROAD BEACH ROAD
 Address:
 729 7TH AVE 10TH FLOOR

 City-St-Zip:
 MALIBU, CA 90265
 City-St-Zip:
 NEW YORK, NY 10019

Title: S () Delete Title: TREA (X) Change () Addition Name: HOLLERITH, CHARLES JR Name: DUNCAN, JOHN A

 Address:
 435 E. 57TH ST #14A
 Address:
 60 LONG POINT DRIVE

 City-St-Zip:
 NEW YORK, NY 10022
 City-St-Zip:
 AMELIA ISLAND, FL 32034

Title: T (X) Delete Title: () Change () Addition

 Name:
 DUNCAN, JOHN A
 Name:

 Address:
 60 LONG POINT DRIVE
 Address:

 City-St-Zip:
 AMELIA ISLAND, FL 32034
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOSEPH BENINCASA ED 03/30/2007