


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F95000000865	
1. Entity Name SONY PICTURES CLASSICS INC	

Principal Place of Business 550 MADISON AVENUE NEW YORK, NY 10022 US	Mailing Address 10202 W. WASHINGTON BLVD. SPP #1132 CULVER CITY, CA 90232
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3646982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST., #105  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKER, MICHAEL 550 MADISON AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD, TOM 550 MADISON AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD WEIL, LEAH 10202 W WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BERKE, BETH 10202 W WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS BERG, CORII D 10202 W WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECFO HENDLER, DAVID C 10202 W WASHINGTON BLVD CULVER CITY, CA 90232

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 04/11/07-80008-002 150.00

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 607, 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:  by: Corii D. Berg 4/2/2007 310-244-4683  
 Its: EVP, Lgl Afrs  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #