

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000023037

1. Entity Name
CORSICA PRODUCTIONS, INC.



Principal Place of Business
10202 WEST WASHINGTON BLVD.
CULVER CITY, CA 90232

Mailing Address
10202 WEST WASHINGTON BLVD.
SONY PICTURES PLAZA #1132
CULVER CITY, CA 90232



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4787604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 _____

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

(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	P MOSKO, STEVE 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF HENDLER, DAVID C 10202 W WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BOONE, GREGORY K 10202 W WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOFMAN, STEVEN 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	EVPS WEIL, LEAH 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232

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04/11/07-80008-004 150.00

**DO NOT WRITE
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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.

CORSICA PRODUCTIONS, INC.

By: Corii D. Berg

Its: EVP, Lgl Afrrs

4/2/2007 310-244-4683

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #