


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 821412		
1. Entity Name PARAMOUNT PICTURES CORPORATION		

Principal Place of Business 5555 MELROSE AVENUE LOS ANGELES, CA 90038	Mailing Address % MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036
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2. Principal Place of Business - No P.O. Box # 5555 Melrose Avenue	3. Mailing Address c/o Michael D. Fricklas
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1515 Broadway
City & State Los Angeles, California	City & State New York, New York
Zip 90038	Country USA
Zip 10036	Country USA

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE - 105 TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P <input type="checkbox"/> Delete	
NAME	GRAY, BRAD	
STREET ADDRESS	5555 MELROSE AVENUE	
CITY-ST-ZIP	HOLLYWOOD, CA 90038	
TITLE	VPSD <input type="checkbox"/> Delete	
NAME	FRICKLAS, MICHAEL D	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VPAS <input type="checkbox"/> Delete	
NAME	FUERST, JANE R	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	SEVP <input type="checkbox"/> Delete	
NAME	DOOLEY, THOMAS	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DSVP <input checked="" type="checkbox"/> Delete	
NAME	TORTOROLI, JACQUES	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	CFOE <input type="checkbox"/> Delete	
NAME	BADAGLIACCA, MARK	
STREET ADDRESS	5555 MELROSE AVENUE	
CITY-ST-ZIP	LOS ANGELES, CA 90038	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DEVP + S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	EVP + Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Barge
STREET ADDRESS	1515 Broadway
CITY-ST-ZIP	New York, New York 10036
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <u>Jane R. Fuerst</u>	Jane R. Fuerst - Assistant Secretary 3/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
08 APR -4 AM 7:51
SECRETARY OF STATE
3000 BAY STREET, TALLAHASSEE, FLORIDA



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 13-2574663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 512535 7555737

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE : April 2, 2008

ORDER TIME : 7:54 PM

ORDER NO. : 512535-070

CUSTOMER NO: 7555737

ANNUAL REPORT FILING

NAME: PARAMOUNT PICTURES CORPORATION

RECEIVED
08 APR - 4 AM 10:48
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 } CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

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