2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY -1 PM 4:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000006582

1. Entity Name
SONY AMERICAS HOLDING INC.

Principal Place of Business	Mailing Address
550 MADISON AVENUE, 35TH FLOOR NEW YORK, NY 10022	C/O SCA LEGAL 550 MADISON AVENUE, 27TH FLOOR NEW YORK, NY 10022

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272006 REIN-P CR2E098 (11/05)

4. FEI Number
95-4750499
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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: Laura R. Dunlap **Laura R. Dunlap as its agent** 5/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAITO, TADASHI 1 SONY DRIVE PARK RIDGE, NJ 07656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Nicole K. Seligman 550 Madison Avenue New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP HALBY, KAREN L 555 MADISON AVENUE NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP KOBER, STEVEN E 550 MADISON AVENUE NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TOKUNAKA, TERUHISA 6-7-35 KITASHINAGAWA SHINAGAWA-KU, JAPAN 141,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT Mary Jo V. Green 550 Madison Avenue New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARIKAWA, MASAKAZU 6-7-35 KITASHINAGAWA SHINAGAWA-KU, JAPAN 141,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howard Stringer 550 Madison Avenue New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROTH, STEPHANIE H 555 MADISON AVENUE NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Steven E. Kober 4/28/06 212-833-6918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Sony Americas Holding Inc.
Document #F00000006582

Directors

Name	Address
Nobuyuki Oneda, Chairman	550 Madison Avenue, New York, NY 10022
Hirotoshi Watanabe	550 Madison Avenue, New York, NY 10022

CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 072704 4377650

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : April 28, 2006

ORDER TIME : 2:18 PM

ORDER NO. : 072704-005

CUSTOMER NO: 4377650

REINSTATEMENT

NAME: SONY AMERICAS HOLDING INC.

RECEIVED
06 MAY -1 PM 2:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____