

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006582

1. Entity Name  
SONY AMERICAS HOLDING INC.



Principal Place of Business  
550 MADISON AVENUE, 35TH FLOOR-  
NEW YORK, NY 10022

Mailing Address  
C/O SCA LEGAL  
550 MADISON AVENUE, 27TH FLOOR  
NEW YORK, NY 10022

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007

Chg-P

CR2E034 (12/06)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>SELIGMAN, NICOLE K<br>550 MADISON AVENUE<br>NEW YORK, NY 10022 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>HALBY, KAREN L<br>555 MADISON AVENUE<br>NEW YORK, NY 10022     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>KOBER, STEVEN E<br>550 MADISON AVENUE<br>NEW YORK, NY 10022    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPT<br>GREEN, MARY JO V<br>550 MADISON AVENUE<br>NEW YORK, NY 10022  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STRINGER, HOWARD<br>550 MADISON AVENUE<br>NEW YORK, NY 10022     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ROTH, STEPHANIE H<br>555 MADISON AVENUE<br>NEW YORK, NY 10022   | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

555 Madison Avenue  
New York, NY 10022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Kober

4/23/07

Date

212-833-6918

Daytime Phone #

APPROVED  
AND  
FILED

07 APR 25 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400098490154





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 864666 4377650

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2007

ORDER TIME : 10:30 AM

ORDER NO. : 864666-010

CUSTOMER NO: 4377650

ANNUAL REPORT FILING

NAME: SONY AMERICAS HOLDING INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER'S INITIALS:

RECEIVED  
07 APR 25 AM 10:17  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

DSK  
4/25/07