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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name

: CHARLES BACLET AND ASSOCIATES INC

Account Number : I20080000054

: (949)955-9585

Fax Number

: (800) 652-6504

562

RECEIVES MB JUL -8 AM 8: 01 ECRETARY OF STATE

REGISTERED AGENT CHANGE

SONY PICTURES TELEVISION INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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6. Doublished JUL 0 8 2008

COVER LETTER

TO: Amendment Section Division of Corpora					
SUBJECT:	SONY PICTURE	S TELEVISIO	N INC		
	(Name	of Corporatio	n)		
DOCUMENT NUMBER:	· 	F050000006	70		
The enclosed Statement of C	Change of Registered	Office/Agent a	ınd fee a	ire subm	itted for filing.
Please return all corresponde	ence concerning this	matter to the fe	llowing	:	
	Sophy Keo				
	(Name	of Contact Pers	ion)		
	Charles Bac	let and Associa	tes, Inc.		
	(Fi	rm/Company)			
	2030 Ma	in Street, Suite	1030		
		(Address)			
		ine, CA 92614			
.	(City/S	tate and Zip Co	ode)		
For further information con-	corning this matter, p	lease call:			
	iy Keo	at (949		955-9585 ext 21
(Name of Co	ontact Person)		тся Сос	lc & Da	ytime Telephone Num

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	-		607.1308, or 617.1308, Flori ed under the laws of the State		
in order	r to change its registered	office or registere	ed agent, or both, in the State	of Florida.	
1. The name of t	. The name of the corporation: SONY PICTURES TELEVISION I				
2. The principal	office address:	10202 W. V	ty, CA 90232		
3. The mailing a	ddress (If different):				
4. Date of incorp	oration/qualification:	2/4/2005	Document number:	F05000000670	
	street address of the curr	ent registered age	nt and registered office on file	e with the	
		ntice-Hall Corpor	ation System, Inc.		
		1201 Hayes St.,	Ste 105		
	ı	allahassee, FL 32	2301-2525		t _{ne} g
6. The name and (if changed):	street address of the new	registered agent ((if changed) and /or registered	d office a	SECA IVISION
		NRAI Service	s, Inc.	—	
	273	l Executive Park	Drive, Suite 4	A	375
	(P.O. Hrst NOT acceptable)				
		Weston, FL	33331	<u> </u>	S
The street address changed will	ess of its registered offic be identical.	e and the street ac	ddress of the business office	of its registered agent	
Such change we authorized by the	as authorized by resoluti ne board, or the corporat	on duly adopted to ion has been noti	by its board of directors or b fied in writing of the change	y an officer so	
AT	-11/		Steven Gofman, Assi	stant Scoretary	
` .	ire of inforper or arcaor) the appointment as regi to comply with the provi at I am familiar with and ing filed merely to reflec been notified in writing	stered agent and slons of all statut I accept the oblig I a change in the 3 of this change.	(Profestor typed man agree to act in this capacity es relative to the proper and ation of my position as regi- registered office address, I i	•	
Lee's	printure of Registered Agent)		7/3/200	>8	
4		NRAI Services, In	r		
Gabriel F	lughes, Assistant Secret	ary			
	*	* * FILING FEE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)