

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000670

FILED
May 01, 2012
Secretary of State

Entity Name: SONY PICTURES TELEVISION INC.

Current Principal Place of Business:

10202 WEST WASHINGTON BLVD.
CULVER CITY, CA 90232

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1748113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOSKO, STEVE
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVPD
Name: FUKUNAGA, JOHN O
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVSD
Name: WEIL, LEAH
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: AS
Name: GOFMAN, STEVEN
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVP
Name: BOONE, GREGORY K
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: VCFO
Name: HENDLER, DAVID C
Address: 10202 WEST WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN GOFMAN

AS

05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date