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(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 26, 2019

Order#: 894406-360

Re: SONY PICTURES TELEVISION INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitte	d for a corporation	17,0502, 607,1508, or a organized under the l	aws of the Sta	ite of Delawa		
			registered agent, or be S TELEVISION INC.	om, in the Sta	ue oj ruorida		
1. The name of	the corporation:	10202 W. Washin	octon Boulevard, Culve	ar City CA 91	n232		
2. The principa	l office address:	10202 W. Washiii	ngton Boulevard, Culve	er City, CA 30			·
3. The mailing	address (if diffe	rent):					
4. Date of incor	poration/qualiti	cation: 02/04/200	5 Documen	t number: F0	05000000670		
		of the current regis (If resigned, enter)	stered agent and registe resigned)	red office on	file with the		
	NRAI Service	s, Inc					
	1200 South Pi	ne Island Road					
	Plantation			33324		19 /	
6. The name an (if changed):		~	ed agent (if changed) a	ind /or register	- `	AHG 28 P	
	Corporation S	ervice Company				- E	Ö
	1201 Hays St	reet			TAIE ORID	-	
		PO E	30x NOT acceptable		3>	_	
	Tallahassee		FL	32301			
The street addr		ered office and the	street address of the b	ousiness office	e of its registe	red a	agent.
Such change w authorized by t	as authorized by he board, or the	y resolution duly a corporation has be	dopted by its board of een notified in writing	directors or b of the change	by an officer s e.	ю	
X_{i}	ee 2 G	Onie	Jill Cilmi, Vice	President			
SigNati	ure of an officer or di	rector	Prii	ited or typed name	and title		
I further agree performance of agent. Or, if the hereby confirm	to comply with f my duties, and iis document is	the provisions of a Lam familiar with being filed merely ation has been mo	ent and agree to act in all statutes relative to a and accept the obliga- to reflect a change in tified in writing of this	the proper an ution of my po the registered	d complete oxition as revi	stere ss. I	rd
By: ()	N	Ley	08/26/2019				
Sq	gnature of Registered	Agent		Date			
If signing on be	ehalf of an entit	y:					
Ami M. Casper	r, Asst. Vice Pre	esident					
<u> </u>	Typed or Printed Sam	c	•				

* * * FILING FEE: \$35.00 * * *