

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : 120080000054 Phone : (949)955-9585 Fax Number : (800)652-6504 on 111 -8 PH 3:

REGISTERED AGENT CHANGE

RECEIVE BJUL -8 AM 8: OF SCRETARY OF STATE SONY PICTURES RELEASING CORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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10,7/8/08

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TO:050 617 6381

COVER LETTER

| | dment Section on of Corporations | | | | | | |
|--|---|-----------|--|--|--|--|--|
| SUBJECT: SONY PICTURES RELEASING CORPORATION | | | | | | | |
| (Name of Corporation) | | | | | | | |
| DOCUMEN | NUMBER:F92000000456 | | | | | | |
| The enclose | Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | | |
| Please return | all correspondence concerning this matter to the following: | | | | | | |
| Sophy Keo | | | | | | | |
| | (Name of Contact Person) | | | | | | |
| Charles Baclet and Associates, Inc. | | | | | | | |
| (Firm/Company) | | | | | | | |
| 2030 Main Street, Suite 1030 | | | | | | | |
| (Address) | | | | | | | |
| Irvine, CA 92614 | | | | | | | |
| For further i | (City/State and Zip Code) formation concerning this matter, please call: | | | | | | |
| | Sophy Keo at (949) 955-9585 ext (Name of Contact Person) (Area Code & Daytime Telephone | : 21 | | | | | |
| | | e Mumoer) | | | | | |
| Enclosed is | \$35.00 check made payable to the Department of State. | | | | | | |
| | Mailing Address: Street Address: | | | | | | |

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

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

| statement of cha | nge is submitted for | a corporation organi | 2, 607.1508, or 617.1508, I zed under the laws of the S | tate ofDelaware | |
|---|--|--|--|---|--|
| in orde | r to change its regist | ered office or registe. | red agent, or both, in the Si | tate of Florida. | |
| 1. The name of the corporation: SONY PICTURES 2. The principal office address: 10202 W. Washing | | | ICTURES RELEASING | S RELEASING CORPORATION | |
| | | | Washington Blvd., Culve | Washington Blvd., Culver City, CA 90232 | |
| 3. The mailing a | ddress (if different); | | | | |
| 4. Date of incorp | poration/qualification | 12/2/1992 | Document number: | F92000000456 | |
| | l street address of the tment of State: | current registered ag | rent and registered office or | n file with the | |
| | The | Prentice-Hall Corpo | oration System, Inc. | | |
| | | 1201 Hayes St | , Ste 105 | | |
| | | Tallahassee, FL | 32301-2525 | · · · · · · | |
| 6. The name and (if changed): | l street address of the | now registered agen | t (if changed) and /or regist | tered office | |
| | | NRAI Servic | ces, Inc. | & | |
| | | 2731 Executive Parl | k Drive, Suite 4 | 2 | |
| | (P.O. Box NOT acceptable) | | | | |
| | | Weston, FL | 33331 | မွ | |
| The street address changed will | ess of its registered of be identical. | office and the street | address of the business of | fice of its registered agent. | |
| Such change we authorized by if | as authorized by reside poard, or the corp | olution duly adopted foration has been no | by its board of directors of the characters of the character in writing of the character is a second control of the charac | or by an officer so inge. | |
| (Signati | ire of an officer or director | <u> </u> | Corii D. Berg, Exec | , V-P/Asst, Secretary | |
| | | | d agree to act in this capa ates relative to the proper gation of my position as r e registered office address | city. and complete performance egistered agent. Or, if this 1, I hereby confirm that the | |
| HI | 0V | - | 7/3/2 | e08 | |
| 7 | pollure of Registered Agen half of an entity: | ¹⁾ By: NRAI Services, I | - 1(1)au | 9 | |
| • • | lughes, Assistant Se | • | | | |
| | Typed or Printed Name) | , | | | |
| | | * * * FILING FE | Æ: \$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)