

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000494

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** METRO-GOLDWYN-MAYER STUDIOS INC.

**Current Principal Place of Business:**

10250 CONSTELLATION BLVD.  
LOS ANGELES, CA 90067 US

**New Principal Place of Business:**

10250 CONSTELLATION BLVD.  
LOS ANGELES, CA 900676241 US

**Current Mailing Address:**

10250 CONSTELLATION BLVD.  
LOS ANGELES, CA 90067 US

**New Mailing Address:**

10250 CONSTELLATION BLVD.  
LOS ANGELES, CA 900676241 US

**FEI Number:** 95-4452285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CEO  
**Name:** SANDS, RICK CEO  
**Address:** 10250 CONSTELLATION BLVD.  
**City-St-Zip:** LOS ANGELES, CA 900676241 US

**Title:** SD  
**Name:** PACKMAN, SCOTT SD  
**Address:** 10250 CONSTELLATION BLVD.  
**City-St-Zip:** LOS ANGELES, CA 900676241 US

**Title:** VPT  
**Name:** YEE, SANDRA VPT  
**Address:** 10250 CONSTELLATION BLVD.  
**City-St-Zip:** LOS ANGELES, CA 900676241 US

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:** KELLY LETTMANN

POA

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date