

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: 120080000054
Phone: (949)955-9585
Fax Number: (800)652-6504

9585 6504 08 JUL -8 PM 3: 2:

REGISTERED AGENT CHANGE

SONY PICTURES CLASSICS INC

SECRETARY OF STATE

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

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COVER LETTER

TO: Amendment Section Division of Corporations

UBJECT:	SONY PICTURES CLASSICS INC.	
	(Name of Corporation)	-
OCUMENT NUMBER:_	F95000000865	_
he enclosed Statement of C	Change of Registered Office/Agent and fee are submitted for	filing.
lease return all corresponde	ence concerning this matter to the following:	
	Sophy Keo	
	(Name of Contact Person)	AND .
	Charles Baclet and Associates, Inc.	
	(Firm/Company)	_
	2030 Main Street, Suite 1030	
	(Address)	
	Irvine, CA 92614	
	(City/State and Zip Code)	<u> </u>
For further information conc	cerning this matter, please call:	
	ny Keo at (949) 955-95 ontact Person) (Area Code & Daytime Tel	85 ext 21
(Name of Co	ontact Person) (Area Code & Daytime Tel	ephone N

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 ${\mathscr F}$

statement of chan	ge is submitted for a co	orporation organiza	607.1508, or 617.1508, Floric ed under the laws of the State o ed agent, or both, in the State o	of <u>Delaw</u>		
1. The name of th	e corporation:	SC	NY PICTURES CLASSICS	INC.		
2. The principal o	y, CA 90232					
3. The mailing ad						
4. Date of incorpo	oration/qualification:	2/22/1995	Document number:	F950000	00865	>
5. The name and : Florida Departs		rrent registered ago	ent and registered office on file	with the	THE BANK OF	-
_	The Pre	entice-Hall Corpor	ration System, Inc.		SY PR	
	1201 Hayes St., Ste 105					
			2301-2525		3: 25 STATE	,
6. The name and (if changed):	street address of the ne	w registered agent	(if changed) and /or registered	Vus		
		NRAI Service	es, Inc.			
	2731 Executive Park Drive, Suite 4					
•	(P.O. Dox. NOT acceptable)					
		Weston, FL				
The street address as changed will i	ss of its registered offi- be identical.	ce and the street a	ddress of the business office	of its register	red agent	,
			by its board of directors or by ified in writing of the change,			
	re of un officer or director)		Corii D. Berg, Exec. V-I	P/Asst. Secre	tary	
, .	1 ' 📞		l agree to act in this capacity tes relative to the proper and gation of my position as regis registered office address, I h	-	rformand Or, if thi m that th	e is e
40	11		7/3/2008	Jun		
V	nature of Registered Agent) half of an entity: By	: NRAI Services, In	(Digita)	-		
	ughes, Assistant Secre	etary				

* * * FILING FEE: \$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)