


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F98000006188</b> 1. Entity Name STUDIO PAYROLL SERVICES, INC.	
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Principal Place of Business 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232	Mailing Address 10202 WEST WASHINGTON BLVD. SONY PICTURES PLAZA #1132 CULVER CITY, CA 90232
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03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4711516	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF HENDLER, DAVID C 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS BERG, CORII D 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOLMON, VICKI R 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINDBERG, JACK 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WEIL, LEAH 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS VENGER, LEONARD D 10202 WEST WASHINGTON BLVD. CULVER CITY, CA 90232

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04/11/07-80008-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **STUDIO PAYROLL SERVICES, INC.**

By: Corii D. Berg

Its: EVP, Lgl Afrrs 4/2/2007 310-244-4683

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #