

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90019 001 \*\*\*150.00

**DOCUMENT # P26357**

1. Entity Name  
**TRISTAR PICTURES, INC.**

Principal Place of Business <b>10202 W WASHINGTON BLVD          CULVER CITY CA 90232          US</b>	Mailing Address <b>10202 W. WASHINGTON BLVD          SONY PICTURES PLAZA #1132          CULVER CITY CA 90232-3119          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-3451889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYES ST, STE 105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME <b>EVP GEARY, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10202 W. WASHINGTON BLVD CULVER CITY CA</b>	
TITLE NAME <b>VD HOWELLS, EDGAR H JR</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>10202 W. WASHINGTON BLVD CULVER CITY CA</b>	
TITLE NAME <b>AS STEPHENS, LARRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10202 W. WASHINGTON BLVD CULVER CITY CA 90232</b>	
TITLE NAME <b>VAS BERKE, BETH (ASST)</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10202 W WASHINGTON BLVD CULVER CITY CA</b>	
TITLE NAME <b>VSD JACOBI, RONALD N</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1020 W. WASHINGTON BLVD CULVER CITY FL</b>	
TITLE NAME <b>VPT KRAFT, JOSEPH</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10202 W WASHINGTON BLVD CULVER CITY CA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>P PASCAL, AMY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232</b>	
TITLE NAME <b>For a complete list of officers and directors see Exhibit A attached hereto and incorporated herein by this reference.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME <b>D BERKE, BETH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Gofman, Asst. Secretary 1/27/2000 310-244-4683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #