


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P26357 1. Entity Name TRISTAR PICTURES, INC.	
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Principal Place of Business 10202 W WASHINGTON BLVD CULVER CITY, CA 90232 US	Mailing Address 10202 W. WASHINGTON BLVD SONY PICTURES PLAZA #1132 CULVER CITY, CA 90232 US
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

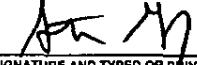
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TOLL, ROGER 10202 W. WASHINGTON BLVD CULVER CITY, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GEARY, ROBERT 10202 W. WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS BERG, CORII D 10202 W WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BERKE, BETH 1020 W. WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, JEFFREY 10202 W WASHINGTON BLVD CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOFMAN, STEVEN 10202 W WASHINGTON BLVD CULVER CITY, CA 90232

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IN THIS SPACE**

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04/20/07-80006-014 150.00

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

By: **Steven Gofman**
Its: **Assistant Secretary** 4/9/2007
Date Daytime Phone #