

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26357

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: TRISTAR PICTURES, INC.

**Current Principal Place of Business:**

10202 W WASHINGTON BLVD  
CULVER CITY, CA 90232 US

**New Principal Place of Business:**

**Current Mailing Address:**

10202 W. WASHINGTON BLVD  
SONY PICTURES PLAZA #1132  
CULVER CITY, CA 90232 US

**New Mailing Address:**

FEI Number: 13-3451889      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: EVP ( ) Delete  
Name: TOLL, ROGER  
Address: 10202 W. WASHINGTON BLVD  
City-St-Zip: CULVER CITY, CA

Title: EVPD ( ) Delete  
Name: WEIL, LEAH  
Address: 10202 W. WASHINGTON BLVD  
City-St-Zip: CULVER CITY, CA 90232

Title: EVAS ( ) Delete  
Name: BERG, CORII D  
Address: 10202 W WASHINGTON BLVD  
City-St-Zip: CULVER CITY, CA 90232

Title: EVPD ( ) Delete  
Name: HENDLER, DAVID C  
Address: 1020 W. WASHINGTON BLVD  
City-St-Zip: CULVER CITY, CA 90232

Title: P ( ) Delete  
Name: BLAKE, JEFFREY  
Address: 10202 W WASHINGTON BLVD  
City-St-Zip: CULVER CITY, CA 90232

Title: AS ( ) Delete  
Name: GOFMAN, STEVEN  
Address: 10202 W WASHINGTON BLVD  
City-St-Zip: CULVER CITY, CA 90232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN GOFMAN

AS

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date