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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : I20080000054 Phone : (949)955-9585

Fax Number : (800) 552-6504

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SECRETARY OF STATE

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SECRETARY OF STATE

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REGISTERED AGENT CHANGE

COLUMBIA PICTURES INDUSTRIES, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SHRIE	CCT; COLUMBIA PICTURES INDUSTRIES, INC					
\$ (C (CA) 1)	(Name of Corporation)					
DOCU	MENT NUMBER: P39927					
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Sophy Keo					
(Name of Contact Person)						
	Charles Baclet and Associates, Inc.					
(Firm/Company) 2030 Main Street, Suite 1030						
						(Address)
1rvine, CA 92614						
	(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:					
	Sophy Keo at (949) 955-9585 cxt 21					
	Sophy Keo at (949) 955-9585 ext 21 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclose	ed is a \$35.00 check made payable to the Department of State.					

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassec, 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 FOR CORPORATIONS

Pursuant to the p	ravisions of sections	607.0502, 617.0502,	607.1508, or 617.1508, Florida Statu	tes, this		
statement of chur	ige is submitted for a	corporation organize	ed under the laws of the State of <u> </u>	Delaware		
in order	to change its registe	red office or registere	ed agent, or both, in the State of Florto	ta.		
. The name of the corporation: COLUMBIA PICTURES INDUSTRIES,				√C		
2. The principal office address: 10202 W Washington Blvd., Culver City, CA 9023.						
3. The mailing ac	ddress (if different):_	,				
4. Date of incorp	oration/qualification:	8/5/1992	Document number:	P39927		
5. The name and Florida Depart		current registered age	nt and registered office on file with th	e		
	The l	Prentice-Hall Corpor	ation System, Inc.			
		1201 Hayes Stree	t, Ste 105	2008 JUL SECRET		
		Tallahassee, FL 32	2301-2525	RETA		
6. The name and (if changed):	street address of the	new registered agent ((if changed) and /or registered office	EE, F	-8 AM	
		NRAI Service	s, Inc.	STATE	ထ္	
	2	2731 Executive Park	Drive, Suite 4		60	
•		PO Box NOT acceptable)	_	-		
		Weston, FL	33331			
			dress of the business office of its report its board of directors or by an offi		ı	
authorized by th	e board, or the corpo	oration has been noti	by its board of directors or by an offi fied in writing of the change. Steven Gofman, Assistant Sec			
(Signatur	re of an officer or director)		(Printed or typed name and title)	Herm'y		
I hereby accept if further agree to of my duties, and document is beir corporation has	the appointment as t o comply with the pr d I am familiar with ng filed merely to re been notified in wri	egistered agent and ovisions of all statut and accept the oblig flect a change in the ting of this change.	agree to act in this capacity, es relative to the proper and complet ation of my poxition as registered ag registered office address, I hereby co	te performance jent. Or, if this onfirm that the	e S	
20	1//		7/3/2008			
•	nature of Registered Agent)	By: NRAI Services, Inc	(Date)			
Gabriel H	ughes, Assistant Sec	erctary				
(T)	yped or Printed Name)					
		A A A THE ABOVE STATE	*****			

* * * 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)