2000 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2000 08:00 AM DOCUMENT # F9600000608 1. Entity Name **Secretary of State** STA TRAVEL, INC. Principal Place of Business Mailing Address 5900 WILSHIRE BLVD., #2110 5900 WILSHIRE BLVD., #2110 LOS ANGELES CALOS ANGELES CA 90036 90036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-2751323 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION 33324 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. 07/17/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition PIEKARZ ANDRIA NAME STREET ADDRESS 5900 WILSHIRE BLVD., #2110 STREET ADDRESS CITY-ST-ZIP LOS ANGELES 90036 CITY-ST-ZIP $\mathbf{C}\mathbf{A}$ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LVKKE JESPER NAME STREET ADDRESS 5900 WILSHIRE BLVD., #2110 STREET ADDRESS CITY-ST-ZIF LOS ANGELES CA 90036 CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME THOMAS NAME STREET ADDRESS 5900 WILSHIRE BLVD., #2110 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90036 CITY-ST-ZIP TITLE DSV ☐ Defete TITLE X Change ☐ Addition NAME STEINLAGE JOHN NAME EXUM JOE STREET ADDRESS 5900 WILSHIRE BLVD. #2110 1814 THAYER AVE. #5 STREET ADDRESS LOS ANGELES CITY-ST-ZIP CA 90025 LOS ANGELES 90036 CITY-ST-ZIP CA TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME THOMAS **NICHOLAS** NAME 4232 AGNES AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUDIO CITY CA 91604 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME PORTER RICHARD NAME STREET ADDRESS PRIORY HOUSE, 6 WRIGHTS LANE STREET ADDRESS CITY-ST-ZIP LONDON, W86TA CITY-ST-7/8

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.

FILED