

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90292 037 ***150.00

DOCUMENT # F97000000904

1. Entity Name
SESLA, INC.

Principal Place of Business 10201 W PICO BLVD LOS ANGELES CA 90035	Mailing Address P.O. BOX 900 ATTN: TAX DEPT BEVERLY HILLS CA 90213-0900
---	---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2028888**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAREY, CHASE	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	BETTSTELLER, KEN	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	SVAS	<input checked="" type="checkbox"/> Delete
NAME	ITZKOWITZ, JAY	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURDOCH, K. RUPERT	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, PAUL	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CONSTANTINO, JAN F	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. MILLER	
STREET ADDRESS	10201 W. PICO	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Raymond L. Parrish*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond L. Parrish (310) 369-1557
 Date Daytime Phone #

CR2E034 (9/99)