


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE _____
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
After May 1, 2004 Fee will be \$550.00

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

100000094478
 03/22/04-80062-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BETTSTELLER, KEN 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCH, K. RUPERT 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MILLER, DAVID E 10201 W PICO LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, LESLEY R 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONTUAL, ROMOLO 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lesley R Cohen Date: 3-01-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #