

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90091 009 \*\*\*\*61.25

**DOCUMENT # F97000003907**

1. Entity Name

**FIND THE CHILDREN, INC.**

Principal Place of Business

Mailing Address

11811 W. OLYMPIC BLVD.  
 LOS ANGELES CA 90064

11811 W. OLYMPIC BLVD.  
 LOS ANGELES CA 90064

*3030 Nebraska Ave #207  
 Santa Monica, CA 90404*

*3030 Nebraska Ave  
 #207 Santa Monica, CA 90404*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-3822577**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **P OTTO, LINDA**  
 STREET ADDRESS: *1250 Angelo Dr. Beverly Hills, CA 90210*  
 CITY-ST-ZIP: **LOS ANGELES CA 90064**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **S KAHANE, ANNE**  
 STREET ADDRESS: *4657 Encino Blvd. Encino, CA 91316*  
 CITY-ST-ZIP: **LOS ANGELES CA 90084**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **T LANDSBURG, ALAN**  
 STREET ADDRESS: *3030 Nebraska Ave Santa Monica CA #207 90404*  
 CITY-ST-ZIP: **LOS ANGELES CA 90064**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **ED STRICKLAND, KAREN**  
 STREET ADDRESS: *3030 Nebraska Ave #207 Santa Monica, CA 90404*  
 CITY-ST-ZIP: **LOS ANGELES CA 90064**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **D BARNETT, JOAN**  
 STREET ADDRESS: **9255 SUNSET BLVD SUITE 1010**  
 CITY-ST-ZIP: **LOS ANGELES CA 90069**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **D BLOCK, SHERMAN SHERIFF**  
 STREET ADDRESS: *Joanna Kern PO Box 49216 Los Angeles CA 90049*  
 CITY-ST-ZIP: **MONTEREY PARK CA 91754-2169**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 617, 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: *Karen Strickland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00

Date

310 998-8444

Daytime Phone #

CR2E037 (5/00)