## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2002 8:00 am DOCUMENT # F01000005474 **Secretary of State** 1. Entity Name 02-12-2002 90104 009 \*\*\*150.00 FASTURN, INC. Principal Place of Business Mailing Address 2029 CENTURY PARK EAST, SUITE 1401 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067 LOS ANGELES CA 90067 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 95-4725699 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 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME SEAGRAVE, WILLIAM STREET ADDRESS STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1401 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Change ☐ Addition ☐ Delete TITLE NAME TUCKER, OWEN STREET ADDRESS STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1401 CITY-ST-ZIP -CITY-ST-ZIP ---LOS ANGELES CA 90067 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME AUBE, ELISE STREET ADDRESS STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1401 CITY-ST-ZIP CITY-ST-7IP LOS ANGELES CA 90067 TITLE ☐ Delete TITLE ☐ Change Addition TCD NAME NAME LITVAK, FRANK STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BARRET, ROBERT STREET ADDRESS STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1401 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 TITLE TITLE ☐ Change ☐ Delete ☐ Addition D NAME NAME MOHAN, RAVI STREET ADDRESS STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1401

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

CITY-ST-ZIP

LOS ANGELES CA 90067

CITY-ST-ZIP

**FILED** 

(9/01)CR2E034