

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90062 049 \*\*\*150.00

**DOCUMENT # F01000005474**

1. Entity Name  
**FASTURN, INC.**



Principal Place of Business  
**2029 CENTURY PARK EAST, SUITE 1401  
LOS ANGELES CA 90067**

Mailing Address  
**2029 CENTURY PARK EAST, SUITE 1401  
LOS ANGELES CA 90067**



2. Principal Place of Business  
**350 Marine Parkway**

3. Mailing Address  
**350 Marine Parkway**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Redwood City, CA**

City & State  
**Redwood City, CA**

Zip  
**94065**

Country  
**USA**

Zip  
**94065**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **95-4725699**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SEAGRAVE, WILLIAM 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TUCKER, OWEN 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AUBE, ELISE 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCD LITVAK, FRANK 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARRET, ROBERT 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOHAN, RAVI 2029 CENTURY PARK EAST, SUITE 1401 LOS ANGELES CA 90067</b>	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, V Lisa Crooke 350 Marine Parkway, Suite 101 Redwood City, CA 94065</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Brian Paul 10880 W. Lohr Blvd. Suite 1200 Los Angeles, CA 90024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frank Litvak 350 Marine Parkway, Suite 101 Redwood City, CA 94065</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ravi Mohan 901 Mariners Island Blvd, #475 San Mateo, CA 94404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 (650) 413-6200  
Date Daytime Phone #

CR2E034 (10/02)