

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000000608**

1. Entity Name  
 STA TRAVEL, INC.

Principal Place of Business 5900 WILSHIRE BLVD., #2110  LOS ANGELES CA 90036	Mailing Address 5900 WILSHIRE BLVD., #2110  LOS ANGELES CA 90036
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>94-2751323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**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.

SIGNATURE \_\_\_\_\_ DATE **07/17/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	PIEKARZ ANDRIA	
STREET ADDRESS	5900 WILSHIRE BLVD., #2110	
CITY-ST-ZIP	LOS ANGELES CA 90036	
TITLE	V	<input type="checkbox"/> Delete
NAME	LYKKE JESPER T	
STREET ADDRESS	5900 WILSHIRE BLVD., #2110	
CITY-ST-ZIP	LOS ANGELES CA 90036	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS NICK	
STREET ADDRESS	5900 WILSHIRE BLVD., #2110	
CITY-ST-ZIP	LOS ANGELES CA 90036	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	STEINLAGE JOHN	
STREET ADDRESS	1814 THAYER AVE. #5	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	C	<input type="checkbox"/> Delete
NAME	THOMAS NICHOLAS	
STREET ADDRESS	4232 AGNES AVE.	
CITY-ST-ZIP	STUDIO CITY CA 91604	
TITLE	C	<input type="checkbox"/> Delete
NAME	PORTER RICHARD	
STREET ADDRESS	PRIORY HOUSE, 6 WRIGHTS LANE	
CITY-ST-ZIP	LONDON, W86TA	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXUM JOE E	
STREET ADDRESS	5900 WILSHIRE BLVD. #2110	
CITY-ST-ZIP	LOS ANGELES CA 90036	
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		

13. 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: NICK THOMAS

07/17/2000