

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90738 013 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2751323

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.

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 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
C
NAME PORTER, RICHARD
STREET ADDRESS PRIORY HOUSE, 6 WRIGHTS LANE
CITY-ST-ZIP LONDON, W86TA

TITLE ☐ Delete
C
NAME THOMAS, NICHOLAS
STREET ADDRESS 4232 AGNES AVE.
CITY-ST-ZIP STUDIO CITY CA 91604

TITLE ☒ Delete
V
NAME EXUM, JOE E
STREET ADDRESS 5900 WILSHIRE BLVD. #2110
CITY-ST-ZIP LOS ANGELES CA 90036

TITLE ☒ Delete
P
NAME THOMAS, NICK
STREET ADDRESS 5900 WILSHIRE BLVD., #2110
CITY-ST-ZIP LOS ANGELES CA 90036

TITLE ☐ Delete
V
NAME LYKKE, JESPER T
STREET ADDRESS 5900 WILSHIRE BLVD., #2110
CITY-ST-ZIP LOS ANGELES CA 90036

TITLE ☐ Delete
V
NAME PIEKARZ, ANDRIA
STREET ADDRESS 5900 WILSHIRE BLVD., #2110
CITY-ST-ZIP LOS ANGELES CA 90036

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 160-161 DRURY LANE,
CITY-ST-ZIP LONDON, WC2B 5QB UK

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V.P. Todd Supplee
STREET ADDRESS 6149 GLEN OAK
CITY-ST-ZIP HOLLYWOOD, CA 90068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7368 W. 82nd Street
CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14423 MULHOLLAND DRIVE
CITY-ST-ZIP LOS ANGELES, CA 90077

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Supplee 4/30/02

Date

Daytime Phone #

323-964-1900

CR2E034 (9/01)