

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 004 ***558.75

DOCUMENT # F9600000608

1. Entity Name

STA TRAVEL, INC.



Principal Place of Business

5900 WILSHIRE BLVD., #900
LOS ANGELES CA 90036

Mailing Address

5900 WILSHIRE BLVD., #900
LOS ANGELES CA 90036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

750 State Hwy 121 BXP Suite 250 750 State Hwy 121 BXP Suite 250

City & State

City & State

Lewisville TX

Lewisville TX

Zip

Country

Zip

Country

75067

USA

75067

USA

2nd MOORE

CR2E034 (4/06)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME PORTER, RICHARD ☐ Delete
STREET ADDRESS 160-161 DRURY LANE
CITY- ST- ZIP LONDON UK wc2b- 5qb

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

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

TITLE P
NAME Scott Hyden ☒ Change ☐ Addition
STREET ADDRESS 888 mariners Ct
CITY- ST- ZIP Coppell TX 75019

TITLE V
NAME BELTRAN, KEN ☒ Delete
STREET ADDRESS 1940 N. HIGHLAND AVE #52
CITY- ST- ZIP HOLLYWOOD CA 90068

TITLE Sr. V.P.
NAME Randy Leiser ☐ Change ☒ Addition
STREET ADDRESS 6115 Musky Tr
CITY- ST- ZIP Dallas TX 75248

TITLE V
NAME PIEKARZ, ANDRIA ☒ Delete
STREET ADDRESS 14423 MULHOLLAND DRIVE
CITY- ST- ZIP LOS ANGELES CA 90077

TITLE VP
NAME Kevin Jacobs ☒ Change ☐ Addition
STREET ADDRESS 4668 Ridgeland Dr
CITY- ST- ZIP Frisco TX 75034

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemptions contained in Chapter 119, 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:

Kevin Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Jacobs 8/8/06 (972) 528-8800

Date

Daytime Phone #