

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000904

1. Entity Name

SESLA, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90292 037 \*\*\*150.00

Principal Place of Business

Mailing Address

10201 W PICO BLVD  
LOS ANGELES CA 90035

P.O. BOX 900  
ATTN: TAX DEPT  
BEVERLY HILLS CA 90213-0900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2028888**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAREY, CHASE	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	BETTSTELLER, KEN	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	SVAS	<input checked="" type="checkbox"/> Delete
NAME	ITZKOWITZ, JAY	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURDOCH, K. RUPERT	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, PAUL	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CONSTANTINO, JAN F	
STREET ADDRESS	10201 W PICI BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90035	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. MILLER	
STREET ADDRESS	10201 W. PICO	
CITY-ST-ZIP	LOS ANGELES CA 90035	
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

*Raymond L. Parrish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Raymond L. Parrish* (310) 369-1557  
Date Daytime Phone #

CR2E034 (9/99)