


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90008 050 ****61.25

DOCUMENT # N94000006097 1. Entity Name THE SEQUOIA FOUNDATION FOR ACHIEVEMENT IN THE ARTS AND EDUCATION, INC.	
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Principal Place of Business C/O MOSS ADAMS LLP 11766 WILSHIRE BLVD, 9TH FLOOR LOS ANGELES, CA 90025 US	Mailing Address C/O MOSS ADAMS LLP 11766 WILSHIRE BLVD, 9TH FLOOR LOS ANGELES, CA 90025 US
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54016151
54016157



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0541856	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BURACK, MARSHALL R ONE SOUTHEAST 3RD AVENUE 28TH FLOOR MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

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	DSPT NEUMAN, JEFFREY L 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDS, H.H. 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINEIS, MARK 11766 WILSHIRE CLVD 9TH FLOOR LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **13/5/04** **Date** **Daytime Phone #**