


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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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04282005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

BURACK, MARSHALL R
ONE SOUTHEAST 3RD AVENUE
28TH FLOOR
MIAMI, FL 33131

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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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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 05/03/05-80153-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/29/05 (310) 481-1307
 Date Daytime Phone #