

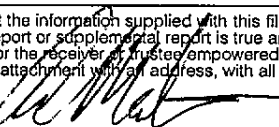


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006097				
1. Entity Name THE SEQUOIA FOUNDATION FOR ACHIEVEMENT IN THE ARTS AND EDUCATION, INC.				
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		
DO NOT WRITE IN THIS SPACE				
		 04282006 No Chg-NP CR2E037 (4/06)		
		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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		<div>U00000562061 05/19/06-80039-025 61.25</div> DO NOT WRITE IN THIS SPACE		
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				
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 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 		ARIANA MARCOULIER - BUS MGR 5/1/06 (310) 481-1307		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	