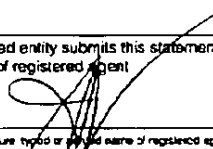
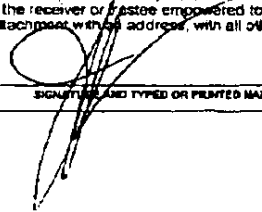


FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90107 025 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 65-0541856	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BURACK, MARSHALL R ONE SOUTHEAST 3RD AVENUE 28TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name ALEXANDER M. POPOVICH, ESQ. Street Address (P.O. Box Number is Not Acceptable) 16 HODGSON RUSS LLP 1801 N. MILITARY TRAIL, SUITE # 200 City BOCA RATON FL Zip Code 33431	
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  DATE 7/17/07 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when handling)					
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DSPT NEUMAN, JEFFREY L 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARMELINO, SILVANA 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COHEN, DAVID 11766 WILSHIRE CLVD 9TH FLOOR LOS ANGELES, CA 90025 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 I am empowered					
SIGNATURE:  DATE 7/17/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					