## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573820  1. Entity Name  SAILS IN CONCERT, INC.					Jan 28, 2002 8:00 am Secretary of State 01-28-2002 90045 003 ***150.00		
Principal Place of Business  C/O THE PRENTICE-HALL CORPORATION SYSTEM 110 N. MAGNOLIA STREET TALLAHASSEE FL 32301 US  Mailing Address  1880 CENTURY PARK EAS SUITE 1600 LOS ANGELES CA 90067 US			ग				
2. Principal Place of Business 3. Mailing Address						811 11127 81 <b>3</b> 11   1 <b>3</b> 11 <b>911</b> 11 <b>3</b>	.7011 01811 7001
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	. FEI Number <b>95-3245154</b>		oplied For ot Applicable
Zip Country		Zip Country		5	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7.	. Name and Address of New Reg	stered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			Si	Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code			
SIGNATURE .  9. This corporate filing in	named entity submits this statement for Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		Registered Age ! FEE IS 12 2 Fee will	nt signature required when \$150.00 be \$550.00		DATE	<b>0</b> May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	-	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUFFETT, JAMES W 1880 CENTURY PARK EAST, #160 LOS ANGELES CA 90067		TITLE NAME STREET AD CITY-ST-2			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD BUFFETT, JAMES W 1880 CENTURY PARK EAST, #160 LOS ANGELES CA 90067	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ſ		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	S RENNERT, IRWIN 1880 CENTURY PARK EAST, #160 LOS ANGELES CA 90067	Delete	TITLE NAME STREET ADI CITY-ST-Z	l l		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUFFETT, JANE 1880 CENTURY PARK EAST, #160 LOS ANGELES CA 90067	□ Delete	TITLE NAME STREET ADI CITY-ST-Z			☐ Change	☐ Addiţion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	1		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADI CITY-ST-Z			☐ Change	Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	rue and accurate and that my rered to execute this report a	y signature s	shali have the sam	e legal effect as if made under oath	i; that I am an officer	or director

SIGNATURE:

1/7/o.

(310)553-1707

Daytime Phone #