



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
in the office of the Secretary of State
of the State of California

FEB 10 2012

NEC

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201123010239

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following. (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
3237 Douglas Loop

CITY STATE ZIP CODE
Santa Monica, CA 90405

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

CITY STATE ZIP CODE

7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

3237 Douglas Loop

CITY STATE ZIP CODE
Santa Monica, CA 90405

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME ADDRESS CITY STATE ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME ADDRESS CITY STATE ZIP CODE
Thomas Rosen 3237 Douglas Loop Santa Monica, CA 90405

10. NAME ADDRESS CITY STATE ZIP CODE
Fabian Alsultany 12602 Pacific Ave., #9 Los Angeles, CA 90066

11. NAME ADDRESS CITY STATE ZIP CODE
Kevin Wall 703 N. Arden Drive Beverly Hills, CA 90210

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Thomas Rosen

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
3237 Douglas Loop Santa Monica CA 90405

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Yoga & Music Festival

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

2/9/12
DATE

Hartford O. Brown

Attorney

Hartford O. Brown
SIGNATURE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

112

201123010239

Member:	Elizabeth Morin	1002 S. Barrington Avenue, #7	Los Angeles, CA	90049
Member:	Miki Anzai	847 N. Grove Avenue	Los Angeles, CA	90046