2.     STATE PILE NUMBER     2.     STATE OR PLACE OF ORGANIZATION (If formed outside of California)       201123010239     1.     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, chock the box and proceed to item 15.       □     If there have been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, chock the box and proceed to item 15.       Complete Addresse for the Following. (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)     5.       5.     Strate TADRESS OF PRINCIPAL EXECUTIVE OFFICE     CITY     STATE       2327 Douglas Loop     Santa Monica, CA     90405       6.     MALING ADDRESS OF LIC, IF DIFFERENT THAN ITEM 5     CITY     STATE     ZIP CODE       7.     CALLORINA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)     CITY     STATE     ZIP CODE       8.     MAME     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 (Atlach additional pages, If necessary.)     STATE     ZIP CODE<	IMPORTANT	Fee \$20.00. If this <u>READ INSTRU</u> COMPANY NAME STIVALS, LLC	State of Calif Secretary of S STATEMENT OF INFO (Limited Liability Cor is an amendment, see CTIONS BEFORE COMF	State 5 RMATION npany) instructions.	L 3 ORM	NEC	FEB	LED le Secretary of State e of California 1 0 2012
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, on constatement of Information filed with the California Secretary of State, on constatement 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 PINICIPAL EXECUTIVE OFFICE   CITY   STATE   ZIP CODE     2327 Duglas Loop   Santa Monica, CA   90405     6. MAILING ADDRESS OF LIC. IF DIFFERENT THAN ITEM 5   CITY   STATE   ZIP CODE     7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)   CITY   STATE   ZIP CODE     7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)   CITY   STATE   ZIP CODE     8. MAME   ADDRESS   CITY   STATE   ZIP CODE     Name and Complete Address of the Chief Executive Officer, If Any   Address of Each Member (Attach additional pages, In necessary.)   STATE   ZIP CODE     9. MAME   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, In necessary.)   State   ZIP CO	2. SECRETARY OF STA	<u>~</u>		3. STATE OR PLA	CE OF ORGAN	IZATION (If forme	d outside	of California)
4. If there have been any changes to the information contained in the last Statement of Information filed with the California Scenstary 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 16.     Complete Address of price Notice of the formation contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 16.     State, check the box and proceed to item 16.     Complete Address of price Notice of the Information contained in the last Statement of Information filed with the California Secretary of State activity. Items 5 and 7 cannot be P.O. Boxes.)     6. MAULING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5   CITY   STATE   2IP CODE     7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)   CITY   STATE   ZIP CODE     8. NAME   ADDRESS   CITY   STATE   ZIP CODE     Name and Complete Address of the Chief Executive Officer, If Any   Endower State Member (Attach additional pages, if necessary.)   CITY   STATE   ZIP CODE     9. NAME   ADDRESS   CITY   STATE   ZIP CODE     10. NAME   ADDRESS   CITY   STATE   ZIP CODE     11. NAME   ADDRESS <td< td=""><td></td><td></td><td></td><td></td><td>·</td><td></td><td></td><td></td></td<>					·			
5.   STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE   CITY   STATE   ZIP CODE     3237 Douglas Loop   Santa Monica, CA   90405     8.   MAILING ADDRESS OF LIC, IF DIFFERENT THAN ITEM 5   CITY   STATE   ZIP CODE     7.   CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)   CITY   STATE   ZIP CODE     7.   CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)   CITY   STATE   ZIP CODE     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 (Atlach additional pages, If necessary.)     9.   NAME   ADDRESS   CITY   STATE   ZIP CODE     10. NAME   ADDRESS   CITY   STATE   ZIP CODE     11. NAME   ADDRESS   CITY   STATE   ZIP CODE     12. NAME   ADDRESS   CITY   STATE   ZIP CODE     13. NAME   ADDRESS   CITY   STATE   ZIP CODE     14. NAME   ADDRESS   CITY   ST	State, or no state	ment of information been no change in an the box and proceed t	has been previously filed, the second	nis form must be o ad in the last Stater	ompleted in ment of Inforr	its entirety. mation filed wi		
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6. MAILING ADDRESS OF LLC. IF DIFFERENT THAN ITEM 5   CITY   STATE   ZIP CODE     7. CALIFORMA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)   CITY   STATE   ZIP CODE     32.3.7   Do Ug16.5   LOOP   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     10. NAME   ADDRESS   CITY   STATE   ZIP CODE     11. NAME   ADDRESS   CITY   STATE   ZIP CODE     12. NAME   ADDRESS   CITY   STATE   ZIP CODE     13. NAME   ADDRESS   CITY   STATE   ZIP CODE     14. NAME   ADDRESS   CITY   STATE   ZIP CODE     15. NAME   ADDRESS   CITY   STATE   ZIP CODE     16. NAME   ADDRESS   CITY   STATE   ZIP CODE     10. NAME								
3237   Douglas   Loop   Santa   Manica   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   90405     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 a nolwidual, the agent must reside in 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     12. NAME OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL   CITY   STATE   ZIP CODE     13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNI		· · · · · · · · · · · · · · · · · · ·	IAN ITEM 5		·		TATE	ZIP CODE
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.)   State   State   ZIP CODE     9. NAME   ADDRESS   CITY   STATE   ZIP CODE     10. NAME   ADDRESS   CITY   STATE   ZIP CODE     Fabian Alsultany   12602 Pacific Ave., #9   Los Angeles, 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 a corporation, 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 2007     12. NAME OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL   CITY   STATE   ZIP CODE     3237 Douglas Loop   Santa Monica   CA   90405   90405		WHERE RECORDS ARE	MAINTAINED (DOMESTIC ONLY)	Santo				ZIP CODE 90405
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Address of Each Member (Attach additional pages, if necessary.)   State   CITY   STATE   ZIP CODE     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   90405     Type of Business   14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY   Yoga & Music Festival   SiGNATURE     1	8. NAME		ADDRESS	С	ITY	S	TATE	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   Thormas 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   SIGNATURE     15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.   Yet of Process Intervent of the of	9. NAME		ADDRESS	C	ΠY	s		ZIP CODE
11. NAME Kevin Wall   ADDRESS 703 N. Arden Drive   CITY Beverly Hills, CA   STATE   ZIP CODE 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		v				-	TATE	
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   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   Yoga & Music Festival   State And Correct.     15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.   Attorney   Juffer Attorney     DATE   TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM   TITLE   SIGNATURE	11. NAME	7	ADDRESS	c	ITY	S	TATE	ZIP CODE
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 Hartford O. Brown DATE     Hartford O. Brown     Attorney     TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	Agent for Service of P.O. Box is not accepta Corporations Code secti 12. NAME OF AGENT FO Thomas Rosen 13. STREET ADDRESS O	ble. If the agent is a c on 1505 and Item 13 m R SERVICE OF PROCESS F AGENT FOR SERVICE	is an individual, the agent mus orporation, the agent must have ust be left blank. S	t reside in California e on file with the Ca AN INDIVIDUAL C	and Item 13 n lifornia Secret	nust be complet ary of State a c	TATE	a California address, a e pursuant to California ZIP CODE
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 Hartford O. Brown DATE     15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. Attorney     16. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. Hartford O. Brown TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM     TITLE		00p		Sant	ta Monica		CA	90405
15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. 2 9 1 2 Hartford O. Brown DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE	14. DESCRIBE THE TYPE		IMITED LIABILITY COMPANY	······································				 
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Member !	Elizabeth Morin	1002 S. Barrington Avenue, #7	Los Angeles, CA	90049
member:	Miki Anzai	847 N. Grove Avenue	Los Angeles, CA	90046

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