

04/18/11 SSCPL1A

STATUS INQUIRY

PAGE 1

11:46:32.9  
CPOISTA3

NAME IAS ADMINISTRATIONS, INC.

CORP NO C3088075 INC. DATE 08/27/2007 STATUS ACTIVE  
FOREIGN NONPROFIT CLASS  
NO OF PAGES 02 ST/CTRY DELAWARE

STMNT/OFFICERS LAST COMPLETE C DATE 07/12/10 NO EB24355  
COMPL/NC N DATE 06/08/09 NO 0253155  
AMENDMENT DATE NO

PRINCIPAL EXECUTIVE ADDR 1311 N NEW HAMPSHIRE AVE

CITY/ST/CNTRY LOS ANGELES CALIFORNIA  
ZIP 90027

CALIFORNIA ADDRESS

CITY CA

MAILING ADDRESS

1311 N NEW HAMPSHIRE AVE

CITY/ST/CNTRY LOS ANGELES CALIFORNIA  
ZIP 90027

CEO NAME KARIN ALPERS  
ADDRESS 1311 N NEW HAMPSHIRE AVE

CITY/ST/CNTRY LOS ANGELES CA  
ZIP 90027

AGENT NAME SHERMAN LENSKE  
ADDRESS 6400 CANOGA AVE., STE 315

CITY WOODLAND HILLS CA 90027

TYPE OF BUSINESS RELIGIOUS NON-PROFIT

ENTR=CONTINUE PF2=HISTORY PF3=BACK TO WORKSCREEN PF10=MAIN MENU

**State of California  
Secretary of State**



**E-B24355  
FILED**

In the office of the Secretary of State  
of the State of California

**Jul - 12 2010**

This Space For Filing Use Only

**STATEMENT OF INFORMATION  
(Foreign Corporation)**

**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.**

**IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

<p>1. <b>CORPORATE NAME</b> (Please do not alter if name is preprinted.) C3088075 IAS ADMINISTRATIONS, INC.</p> <p>1311 N NEW HAMPSHIRE AVE LOS ANGELES CA 90027</p>	<b>F</b>
--	----------

**DUE DATE:**

**NO CHANGE STATEMENT** ( Not applicable if agent address of record is a P.O. Box address. See instructions.)

2.  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 12**.

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 has been previously filed, this form must be completed in its entirety.

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
1311 N NEW HAMPSHIRE AVE LOS ANGELES CA 90027			
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
5. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3	CITY	STATE	ZIP CODE

**NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS** (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

6. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
KARIN ALPERS	1311 N NEW HAMPSHIRE AVE	LOS ANGELES, CA		90027
7. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
MISLAV RAOS	1311 N NEW HAMPSHIRE AVE	LOS ANGELES, CA		90027
8. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
MISLAV RAOS	1311 N NEW HAMPSHIRE AVE	LOS ANGELES CA		90027

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 10 must be completed with a California street address (a P.O. Box is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 10 must be left blank.)

9. NAME OF AGENT FOR SERVICE OF PROCESS

SHERMAN LENSKE

10. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
6400 CANOGA AVE., STE 315 WOODLAND HILLS, CA 90027			

**TYPE OF BUSINESS**

11. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

RELIGIOUS NON-PROFIT

12. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

07/12/2010	MISLAV RAOS	SECRETARY	
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE



State of California  
Secretary of State



09-253155

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

JUN 08 2009

This Space For Filing Use Only

**STATEMENT OF INFORMATION**  
(Foreign Corporation)

41

**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.**  
**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1 CORPORATE NAME (Please do not alter if name is preprinted.)

C3088075  
IAS ADMINISTRATIONS, INC.  
131. N NEW HAMPSHIRE AVE  
LOS ANGELES CA 90027

F

**DUE DATE: 08-31-09**

**NO CHANGE STATEMENT** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

2  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 12.

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 has been previously filed, this form must be completed in its entirety.

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3	STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
4	STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
			CA	
5	MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3	CITY	STATE	ZIP CODE

**NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS** (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

6	CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
7	SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
8	CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 10 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 10 must be left blank.)

9	NAME OF AGENT FOR SERVICE OF PROCESS			
10	STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
			CA	

**TYPE OF BUSINESS**

11 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

12 THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

30 MAY 2009 MISLAV PAOC TREASURER Mislav Paoc  
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE