



State of California

Secretary of State

P.O. Box 944230
Sacramento, CA 94244-0230
Phone: (916) 445 2020

95-048343

STATEMENT BY FOREIGN CORPORATION

THIS STATEMENT MUST BE FILED WITH CALIFORNIA SECRETARY OF STATE (SEC. 2117, CORPORATIONS CODE)

A \$5 FILING FEE MUST ACCOMPANY THIS STATEMENT.

FILED
SACRAMENTO OFFICE

JAN 24 '95

Bill Jones
SECRETARY OF STATE

WHEN COMPLETING FORM, PLEASE USE BLACK TYPEWRITER RIBBON OR BLACK INK

IMPORTANT—Please Read Instructions On Back Of Form

DO NOT ALTER PREPRINTED NAME. IF ITEM NO. 1 IS BLANK, PLEASE ENTER CORPORATE NAME AND NUMBER.

C1817200 DUE DATE 03-31-95 03915F
SENTINEL CORP. WHICH WILL DO
BUSINESS IN CALIFORNIA AS FC
SENTINEL CORP.
916 KEARNY ST
SAN FRANCISCO, CA 94133

IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION ON FILE—PROCEED TO LINE 13.

DO NOT WRITE IN THIS SPACE

THE FOREIGN CORPORATION NAMED HEREIN, MAKES THE FOLLOWING STATEMENT:

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 916 Kearny St.	ROOM NO.	2A. CITY AND STATE San Francisco, CA	2B. ZIP CODE 94133
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA (IF ANY) Same	ROOM NO.	3A. CITY CA	3B. ZIP CODE
4. MAILING ADDRESS Same	ROOM NO.	4A. CITY AND STATE	4B. ZIP CODE

THE NAMES OF THE FOLLOWING OFFICERS ARE:

An officer may hold more than one office. (Must name three officers—see reverse side of form)

5. CHIEF EXECUTIVE OFFICER Francis F. Coppola	5A. STREET ADDRESS (DO NOT USE P.O. BOX) 916 Kearny Street	5B. CITY AND STATE San Francisco, CA	5C. ZIP CODE 94133
6. SECRETARY Francis F. Coppola	6A. STREET ADDRESS (DO NOT USE P.O. BOX) Same	6B. CITY AND STATE	6C. ZIP CODE
7. CHIEF FINANCIAL OFFICER Francis F. Coppola	7A. STREET ADDRESS (DO NOT USE P.O. BOX) Same	7B. CITY AND STATE	7C. ZIP CODE

DESIGNATED AGENT FOR SERVICE OF PROCESS (Only one agent may be named)

Must have a California business or residence address if Agent is an individual.

8. NAME: Francis F. Coppola
9. CALIFORNIA ADDRESS (DO NOT USE P.O. BOX. DO NOT INCLUDE ADDRESS IF AGENT IS A CORPORATION)
916 Kearny Street, San Francisco, CA 94133

10. DESCRIBE TYPE OF BUSINESS OF THE CORPORATION NAMED IN ITEM 1
Movie Direction

11. IF THE CORPORATION IS ANY OF THE FOLLOWING, CHECK THE APPROPRIATE BOX.

A non-profit corporation

An insurance company

Listed on the New York or American Stock Exchange, or is a wholly owned subsidiary of a corporation that is listed on the New York or American Stock Exchange, or NASDAQ

12. I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Francis F. Coppola

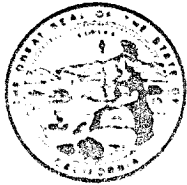
President

1-22-95
DATE

13. I DECLARE THERE HAS BEEN NO CHANGE IN THE INFORMATION CONTAINED IN THE LAST STATEMENT OF THE CORPORATION WHICH IS ON FILE IN THE SECRETARY OF STATE'S OFFICE. DOES NOT APPLY TO THE FIRST-TIME FILING (READ INSTRUCTIONS BEFORE COMPLETING THIS ITEM)

CHECK HERE TYPE OR PRINT NAME OF SIGNING OFFICER OR AGENT SIGNATURE TITLE DATE

25



State of California

Kevin Shelley
Secretary of State

STATEMENT OF INFORMATION
(Foreign Corporation)

F

21

05-136011

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.)

C1817200
SENTINEL CORP. WHICH WILL DO
BUSINESS IN CALIFORNIA AS FC
SENTINEL CORP.
916 KEARNY ST
SAN FRANCISCO CA 94133

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

MAR 10 2005

This Space For Filing Use Only

DUE DATE: 03-31-05

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 2117.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

NO CHANGE STATEMENT

2. [X] If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 11.
If there have been any changes to the information contained in the last Statement of Information filed with the 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 AND STATE ZIP CODE

4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

CA

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.)

5. CHIEF EXECUTIVE OFFICER ADDRESS CITY AND STATE ZIP CODE

6. SECRETARY ADDRESS CITY AND STATE ZIP CODE

7. CHIEF FINANCIAL OFFICER ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California address. 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 9 must be left blank.)

8. NAME OF AGENT FOR SERVICE OF PROCESS

9. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

CA

TYPE OF BUSINESS

10. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

FRANCIS F. COPPOLA

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Pres/Sect

TITLE

DATE

3-9-05