

**OMB APPROVAL**  
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 Expires: November 30, 2008  
 Estimated average burden hours per response: 4.00

**FORM D**

**U.S. Securities and Exchange Commission**  
Washington, DC 20549

Notice of Exempt Offering of Securities

See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

**Item 1. Issuer's Identity**

Name of Issuer:  Previous Name(s)  None

Jurisdiction of Incorporation/Organization:  

Year of Incorporation/Organization (Select one):  
 Over Five Years Ago  Within Last Five Years   Yet to Be Formed

Entity Type (Select one)  
 Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other (Specify)

(If more than one issuer is filing this notice, check this box  and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

**Item 2. Principal Place of Business and Contact Information**

Street Address 1:  Street Address 2:

City:  State/Province/Country:  ZIP/Postal Code:  Phone No.:

**PROCESSED**

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**THOMSON REUTERS**

**Item 3. Related Persons**

Last Name:  First Name:  Middle Name:

Street Address 1:  Street Address 2:

City:  State/Province/Country:  ZIP/Postal Code:

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Not Processed Section

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Washington, DC 101

(Identify additional related persons by checking this box  and attaching Item 3 Continuation Page(s).)

**Item 4. Industry Group (Select One)**

<input type="radio"/> Agriculture <input checked="" type="radio"/> <b>Banking and Financial Services</b> <input type="radio"/> Commercial Banking <input type="radio"/> Insurance <input type="radio"/> Investing <input type="radio"/> Investment Banking <input type="radio"/> Pooled Investment Fund If selecting this industry group, also select one fund type below and answer the question below: <input type="radio"/> Hedge Fund <input type="radio"/> Private Equity Fund <input type="radio"/> Venture Capital Fund <input type="radio"/> Other Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other Banking & Financial Services	<input type="radio"/> <b>Business Services</b> <input checked="" type="radio"/> <b>Energy</b> <input type="radio"/> Electric Utilities <input type="radio"/> Energy Conservation <input type="radio"/> Coal Mining <input type="radio"/> Environmental Services <input type="radio"/> Oil & Gas <input type="radio"/> Other Energy <input checked="" type="radio"/> <b>Health Care</b> <input type="radio"/> Biotechnology <input type="radio"/> Health Insurance <input type="radio"/> Hospitals & Physicians <input type="radio"/> Pharmaceuticals <input type="radio"/> Other Health Care <input type="radio"/> <b>Manufacturing</b> <input checked="" type="radio"/> <b>Real Estate</b> <input type="radio"/> Commercial	<input type="radio"/> Construction <input type="radio"/> REITS & Finance <input type="radio"/> Residential <input type="radio"/> Other Real Estate <input type="radio"/> <b>Retailing</b> <input type="radio"/> <b>Restaurants</b> <input type="radio"/> <b>Technology</b> <input type="radio"/> Computers <input type="radio"/> Telecommunications <input checked="" type="radio"/> Other Technology <input type="radio"/> <b>Travel</b> <input type="radio"/> Airlines & Airports <input type="radio"/> Lodging & Conventions <input type="radio"/> Tourism & Travel Services <input type="radio"/> Other Travel <input type="radio"/> <b>Other</b>
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Item 5. Issuer Size (Select One)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

Investment Company Act Section 3(c)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii)                      | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(7) |   |

Item 7. Type of Filing

- New Notice
- Amendment

OR

Date of First Sale in this Offering: 12/10/08 OR  First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year?  Yes  No

Item 9. Type(s) of Securities Offered (Select all that apply)

- Equity
- Debt
- Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- Pooled Investment Fund Interests
- Tenant-in-Common Securities
- Mineral Property Securities
- Other (Describe)

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ None

Item 12. Sales Compensation

Recipient Recipient CRD Number (Associated) Broker or Dealer (Associated) Broker or Dealer CRD Number

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

- States of Solicitation All States AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 3,000,001 OR Indefinite (b) Total Amount Sold \$ 3,000,001 (c) Total Remaining to be Sold \$ 0 OR Indefinite

Clarification of Response (if Necessary)

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the and number of such non-accredited investors who already have invested in the offering:

Enter the total number of investors who already have invested in the offering: 2

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ Estimate Finders' Fees \$ Estimate

Clarification of Response (if Necessary)

**Item 16. Use of Proceeds**

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$

Estimate

Clarification of Response (if Necessary)

**Signature and Submission**

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

**Terms of Submission.** In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1998 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1998)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box  and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Name of Signer

Signature  


Title

Number of continuation pages attached:

Date

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer

Previous Name(s)  None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization (Select one)

- Over Five Years Ago
- Within Last Five Years
- Yet to Be Formed

At your option, supply separate contact information for this issuer:

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No.

Name of Issuer

Previous Name(s)  None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization (Select one)

- Over Five Years Ago
- Within Last Five Years
- Yet to Be Formed

At your option, supply separate contact information for this issuer:

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No.

Name of Issuer

Previous Name(s)  None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization (Select one)

- Over Five Years Ago
- Within Last Five Years
- Yet to Be Formed

At your option, supply separate contact information for this issuer:

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No.

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name		First Name		Middle Name
Goldman		Rob		
Street Address 1		Street Address 2		
1351 - 4 <sup>th</sup> Street, 4 <sup>th</sup> Floor				
City	State/Province/Country	ZIP/Postal Code		
Santa Monica	CA	90401		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

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Last Name		First Name		Middle Name
Street Address 1		Street Address 2		
City	State/Province/Country	ZIP/Postal Code		
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

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Last Name		First Name		Middle Name
Street Address 1		Street Address 2		
City	State/Province/Country	ZIP/Postal Code		
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

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Last Name		First Name		Middle Name
Street Address 1		Street Address 2		
City	State/Province/Country	ZIP/Postal Code		
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

(Copy and use additional copies of this page as necessary.)

Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient

Recipient CRD Number

No CRD Number

(Associated) Broker or Dealer  None

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

States of Solicitation  All States

- AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID
- IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO
- MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA
- RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  PR

Recipient

Recipient CRD Number

No CRD Number

(Associated) Broker or Dealer  None

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

States of Solicitation  All States

- AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID
- IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO
- MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA
- RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  PR

(Copy and use additional copies of this page as necessary.)

Signature Continuation Page

**Signature and Submission**

The undersigned is the duly authorized representative of the issuer(s), identified in the field beside the individual's name below.

Issuer(s)

Name of Signer

Signature

Title

Date

END

(Copy and use additional copies of this page as necessary.)