ATTENTIO

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

RECEIVED

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per form

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (⊠ check if this is an amendment and name has changed, and indicate ch SERIES B PREFERRED STOCK FINANCING	ange.)				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒	Rule 506				
Type of Filing: ☐ New Filing ☐ Amendment	PROCESSED				
A. BASIC IDENTIFICATION DAT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Enter the information requested about the issuer	MUV 0 1 2003				
Name of Issuer (check if this is an amendment and name has changed, and indicate check PANDORA MEDIA, INC. (formerly SAVAGE BEAST TECHNOLOGIES INCORPORATE					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
360 22ND STREET, SUITE 390, OAKLAND CA 94612	(510) 451-4100				
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)					
Brief Description of Business DESIGN AND CREATE MUSIC NAVIGATION AND RECOMMENDATION TECHNIQUE.					
DESIGN AND CREATE MUSIC NAVIGATION AND RECOMMENDATION TECHNOLOGY.					
Type of Business Organization					
☐ limited partnership, already formed	□ other (p) 05069862				
□ business trust □ limited partnership, to be formed	0000002				
Month Y	'ear				
Actual or Estimated Date of Incorporation or Organization:	0 X Actual □ Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada; FN for other foreign jurisdiction)	CA				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive officer and di 	rector of corpora	ate issuers and of corporate a	general and managing partn	ers of partnership issu	iers; a	and
 Each general and managing p 	partner of partner	ship issuers.				
Check Box(es) that Apply: D I	Promoter	X Beneficial Owner	X Executive Officer	X Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)					
WESTERGREN, TIM						
Business or Residence Address (Number and Str	eet, City, State, Zip Code)				
C/O PANDORA MEDIA, INC.,	360 22ND STRE	ET, SUITE 390, OAKLAN	D CA 94612			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)	<u> </u>				
GLASER, WILL						
Business or Residence Address (Number and Str	eet, City, State, Zip Code)				
C/O PANDORA MEDIA, INC., 3	360 22ND STRE	ET, SUITE 390, OAKLAN	D CA 94612			
Check Box(es) that Apply:	Promoter [☐ Beneficial Owner	☐ Executive Officer	X Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)					
MARCUS, LARRY						
Business or Residence Address (Number and Str	eet, City, State, Zip Code)			_	
C/O WALDEN CAPITAL PARTY	NERS, 750 BAT	TERY STREET, SUITE 70	00, SAN FRANCISCO, CA	94111		
Check Box(es) that Apply: Graph F	Promoter [☐ Beneficial Owner	☐ Executive Officer	X Director		General and/or Managing Partner
Full Name (Last name first, if indi	viđual)					
KAVNER, ROBERT						
Business or Residence Address (Number and Str	eet, City, State, Zip Code)				
130 W. UNION STREET, PASA	DENA, CA 911	03				
Check Box(es) that Apply: Graph F	romoter 2	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)		· · · · · · · · · · · · · · · · · · ·			
KRAFT, JON	_					
Business or Residence Address (Number and Str	eet, City, State, Zip Code)				
5120 W. GOLDENLEAF CIRCL	E, #140, LOS A	NGELES, CA 90056				
Check Box(es) that Apply: F	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)					
WALDEN VC II, L.P.						
Business or Residence Address (Number and Str	eet, City, State, Zip Code)				
750 BATTERY STREET, SAN I	FRANCISCO, C	A 94111				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A.	BASIC	IDENTIFICA	ATION DATA
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- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

issuer;		•			• •
• Each executive officer	and director of cor	porate issuers and of corporat	e general and managing partr	ners of partnership is	suers; and
 Each general and mana 	ging partner of par	tnership issuers.			
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
LABRADOR VENTURES	S V-B, L.P.				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)		
101 UNIVERSITY AVENU	JE, FOURTH FLO	OR, PALO ALTO, CA 9430	1		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				- · · · · · · · · · · · · · · · · · · ·
KUBAL, LARRY					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)		
C/O LABRADOR VENTUI	RE PARTNERS, 1	01 UNIVERSITY AVENUE,	FOURTH FLOOR, PALO A	LTO, CA 94301	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
KENNEDY, JOE					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)			
C/O PANDORA MEDIA, II	NC., 360 22ND S	TREET, SUITE 390, OAKLA	ND CA 94612		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
GOTCHER, PETER					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code))		
35 NEW PLACE ROAD, H	ILLSBOROUGH,	CA 94010			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code))		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code))		
	(Use blan	k sheet, or copy and use addit	ional copies of this sheet, as	necessary.)	

B. INFORMATION ABOUT OFFERING					
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					
					Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?		2,000.00			
3. Does the offering permit joint ownership of a single unit?	Yes □	No ⊠			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [ID]] [MO]] [PA]				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [ID]] [MO]] [PA]				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
Traine of Associated Broker of Beater					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [ID]] [MO]] [PA]				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$0	\$0
Equity	\$ <u>9,490,320.00</u>	\$ 9,315,362.56
☐ Common 🔀 Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)	\$	\$
Total	\$ <u>9,490,320.00</u>	\$ <u>9,315,362.56</u>
Answer also in Appendix, Column 3, if filing under ULOE.		•
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		.
Accredited Investors	Number Investors 19	Aggregate Dollar Amount of Purchases \$ 9,315,362.56
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$N/A_
Regulation A	N/A	\$N/A
Rule 504	N/A	\$N/A
Total	N/A	\$N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	X	\$ 78,000.00
Accounting Fees	-	\$
Engineering Fees		\$
Sales and Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total		\$ <u>78,000.00</u>
+ V-w-	·········· [24	~ <u></u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Inte	ntional misstatements or omissions of fact	TTENTION ————————————————————————————————————	ion	s. (See	18 U.S.	C. 1	001.)		
Mito	hell Zuklie	Secretary		·					
	• • • • • • • • • • • • • • • • • • • •								
	lora Media, Inc. e of Signer (Print or Type)	Title of Signer (Print or Type)			Octo	ber/	7 , 200)5	
Issue	r (Print or Type)	Signature			Date				
follo of its	issuer has duly caused this notice to be signed by the wing signature constitutes an undertaking by the issue staff, the information furnished by the issuer to any notice to the signature of the signature.	r to furnish to the U.S. Securities and Exclon-accredited investor pursuant to paragrap	nang	e Commi	ssion, up ale 502.				
		D. FEDERAL SIGNATURE							
	Total Payments Listed (column totals added)				∑ \$ <u>9,41</u>	2,32	0.00	-	
	Column Totals			\$				2,320.00	
				\$			\$		<u> </u>
	Other (specify):			\$			\$		
	Working capital			\$	0	X	\$ <u>9,41</u>	2,320.00	_
	Repayment of indebtedness			\$			\$		
	Acquisition of other businesses (including the value that may be used in exchange for the assets or seemerger)	curities of another issuer pursuant to a		\$	0		\$)
	Construction or leasing of plant buildings and facilit			\$	0		\$	0	<u> </u>
	Purchase, rental or leasing and installation of machin	nery and equipment		\$	0		\$)
	Purchase of real estate	······		\$	0)
	Salaries and fees			Offi Direct	ents to cers, ors, & iates			yments to Others))
5.	Indicate below the amount of the adjusted gross pro- used for each of the purposes shown. If the amount estimate and check the box to the left of the estima equal the adjusted gross proceeds to the issuer set f above.	for any purpose is not known, furnish an te. The total of the payments listed must							
	b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response to I the "adjusted gross proceeds to the issuer."	fering price in response to Part C - Ques-	05	COLIK	OCEED	<u>.</u>	 \$ <u>9</u>	,412,320	.00
	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND	US	E OF PR	OCEED	S			