

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731408

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE SHEPARD BROAD FOUNDATION, INC.

Current Principal Place of Business:

801 BRICKELL AVENUE
SUITE 2350
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVENUE
SUITE 2350
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-0998866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSSEL, ANN B
420 AVENUE ROVINO
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERMAN, KAREN A B
Address: 10228 GOVERNORS DR
City-St-Zip: CHAPEL HILL, NC 27514

Title: CD () Delete
Name: BROAD, MORRIS M
Address: 1030 HARDEE ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD () Delete
Name: BUSSEL, ANN B
Address: 420 ROVINO AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: STD () Delete
Name: BUSSEL, DEBORAH
Address: 801 BRICKELL AVENUE SUITE 2350
City-St-Zip: MIAMI, FL 33131

Title: P () Delete
Name: BUSSEL, JOHN M
Address: 801 BRICKELL AVENUE, SUITE 2350
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BUSSEL, DANIEL J
Address: 3933 ETHEL AVENUE
City-St-Zip: STUDIO CITY, CA 91604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BERMAN, KAREN
Address: 2822 CHELSEA CIRCLE
City-St-Zip: DURHAM, NC 27707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BUSSEL, DEBORAH
Address: 801 BRICKELL AVENUE SUITE 2350
City-St-Zip: MIAMI, FL 33131

Title: PD (X) Change () Addition
Name: BUSSEL, JOHN M
Address: 801 BRICKELL AVENUE, SUITE 2350
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANA SPIELMAN

ADM

04/30/2009

Electronic Signature of Signing Officer or Director

Date