

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000006517**

1. Entity Name  
 THE ASCAP FOUNDATION, INC.

Principal Place of Business ONE LINCOLN PLAZA  NEW YORK NY 10023	Mailing Address ONE LINCOLN PLAZA  NEW YORK NY 10023
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number  
**51-0181769**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 N. MAGNOLIA ST  
 TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE **04/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAY DEAN ONE LINCOLN PLAZA NEW YORK NY 10023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLYFIELD WAYLAND ONE LINCOLN PLAZA NEW YORK NY 10023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON ARTHUR ONE LINCOLN PLAZA NEW YORK NY 10023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROIDO ARNOLD ONE LINCOLN PLAZA NEW YORK NY 10023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D COLLINS, JAMES R. C/O ASCAP FOUNDATION 1 LINCOLN PLAZA NEW YORK NY 10023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGMAN MARILYN C/O ASCAP FOUNDATION, 1 LINCOLN PLAZA NEW YORK NY 10023 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROIDO ARNOLD DIRECTO ONE LINCOLN PLAZA NEW YORK NY 10023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ROBINSON IRWIN DIRECTO C/O ASCAP FOUNDATION 1 LINCOLN PLAZA NEW YORK NY 10023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BERGMAN MARILYN DIRECTO C/O ASCAP FOUNDATION, 1 LINCOLN PLAZA NEW YORK NY 10023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MARILYN BERGMAN** P/D **04/10/2001**

CR2E037 (11/00)