

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2007  
Secretary of State**

DOCUMENT# F94000006517

Entity Name: THE ASCAP FOUNDATION, INC.

**Current Principal Place of Business:**

ONE LINCOLN PLAZA  
NEW YORK, NY 10023

**New Principal Place of Business:**

**Current Mailing Address:**

ONE LINCOLN PLAZA  
NEW YORK, NY 10023

**New Mailing Address:**

FEI Number: 51-0181769      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST  
TALLAHASSEE, FL 32301      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: P/D      ( ) Delete  
Name: BERGMAN, MARILYN DIRECTO  
Address: C/O ASCAP FOUNDATION, 1 LINCOLN PLAZA  
City-St-Zip: NEW YORK, NY 10023

Title: V/D      ( ) Delete  
Name: ROBINSON, IRWIN DIRECTO  
Address: C/O ASCAP FOUNDATION 1 LINCOLN PLAZA  
City-St-Zip: NEW YORK, NY 10023

Title: T/D      ( ) Delete  
Name: BROIDO, ARNOLD DIRECTO  
Address: ONE LINCOLN PLAZA  
City-St-Zip: NEW YORK, NY 10023

Title: D      ( ) Delete  
Name: HAMILTON, ARTHUR  
Address: ONE LINCOLN PLAZA  
City-St-Zip: NEW YORK, NY 10023

Title: D      ( ) Delete  
Name: HOLYFIELD, WAYLAND  
Address: ONE LINCOLN PLAZA  
City-St-Zip: NEW YORK, NY 10023

Title: D      ( ) Delete  
Name: KAY, DEAN  
Address: ONE LINCOLN PLAZA  
City-St-Zip: NEW YORK, NY 10023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN BERGMAN

P/D

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date