

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000006517

FILED
Apr 25, 2003
Secretary of State

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
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Address:
City-St-Zip:

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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 Section 119.07(3)(i), 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

04/25/2003

Electronic Signature of Signing Officer or Director

Date