2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010031

FILED Apr 18, 2008 Secretary of State

Entity Name: MARK EISENBERG FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417 FEI Number: 20-1842894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WASCH, MICHELLE G BREITSTEIN, JOEL 4601 COMMUNITY DRIVE 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417 US US WEST PALM BEACH, FL 33417 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: JOEL BREITSTEIN 04/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAKLOR, SANFORD TRUSTEE Name: Name: 5 VIA SUNNY Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: Title: () Delete () Change () Addition LEVY, MARK TRUSTEE Name: Name: Address: 15220 PALM WOOD RD Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: () Delete Title: (X) Change () Addition WASCH, MICHELLE G TRUSTEE Name: BREITSTEIN, JOEL TRUSTEE Name: Address: 4601 COMMUNITY DRIVE Address: 4601 COMMUNITY DRIVE City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 Title: () Delete Title: () Change () Addition EISENBERG, MARK TRUSTEE Name: Name: Address: 133 VIA PARALISIO Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition EISENBERG, LAWRENCE TRUSTEE Name: Name: 1700 WISCONSIN AVE NW Address: Address: City-St-Zip: WASHINGTON, DC 20007 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: JOEL BREITSTEIN S 04/18/2008