


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90367 016 ****61.25

DOCUMENT # N06000005326

1. Entity Name
HARPO FOUNDATION, INC.



Principal Place of Business
**3851 KUMQUAT AVENUE
MIAMI, FL 33133-5609**


Mailing Address
**3851 KUMQUAT AVENUE
MIAMI, FL 33133-5609**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4926823

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVINE, EDWARD
3851 KUMQUAT AVENUE
MIAMI, FL 33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

Make check payable to **Florida Department of State**

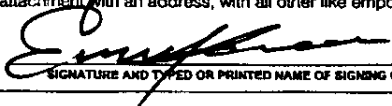
10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LEVINE, EDWARD
STREET ADDRESS	3851 KUMQUAT AVENUE
CITY-ST-ZIP	MIAMI, FL 331335609
TITLE	D <input type="checkbox"/> Delete
NAME	LEVINE, JEREMY
STREET ADDRESS	4886 HARTWICK STREET
CITY-ST-ZIP	LOS ANGELES, CA 900412247
TITLE	D <input type="checkbox"/> Delete
NAME	LEVINE, ADAM
STREET ADDRESS	6069 SEWARD PARK AVENUE SOUTH
CITY-ST-ZIP	SEATTLE, WA 981183052
TITLE	D <input type="checkbox"/> Delete
NAME	FULLER, PATRICIA G
STREET ADDRESS	3896 LA PLAYA BLVD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	SAUFER, ISAAC A
STREET ADDRESS	230 PARK AVENUE STE 2300
CITY-ST-ZIP	NEW YORK, NY 10169
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, JEREMY
STREET ADDRESS	4886 HARTWICK STREET
CITY-ST-ZIP	LOS ANGELES, CA 90041-2247
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Edward Levine** **4/17/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President and Date Daytime Phone #
Director