

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005326

FILED
Apr 17, 2009
Secretary of State

Entity Name: HARPO FOUNDATION, INC.

Current Principal Place of Business:

3851 KUMQUAT AVENUE
MIAMI, FL 331335609

New Principal Place of Business:

Current Mailing Address:

3851 KUMQUAT AVENUE
MIAMI, FL 331335609

New Mailing Address:

FEI Number: 20-4926823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, EDWARD
3851 KUMQUAT AVENUE
MIAMI, FL 33133 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: D () Delete
Name: LEVINE, EDWARD
Address: 3851 KUMQUAT AVENUE
City-St-Zip: MIAMI, FL 331335609

Title: D () Delete
Name: LEVINE, JEREMY
Address: 4886 HARTWICK STREET
City-St-Zip: LOS ANGELES, CA 900412247

Title: D () Delete
Name: LEVINE, ADAM
Address: 6069 SEWARD PARK AVENUE SOUTH
City-St-Zip: SEATTLE, WA 981183052

Title: D () Delete
Name: FULLER, PATRICIA G
Address: 3896 LA PLAYA BLVD
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SAUFER, ISAAC A
Address: 230 PARK AVENUE STE 2300
City-St-Zip: NEW YORK, NY 10169

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:

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: EDWARD LEVINE

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date