2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# N93000005553

Entity Name: IAN MADOVER AND ARIELLE TEPPER MADOVER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

GELLER & COMPANY- C/O MARIA NEARY
800 THIRD AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

GELLER & COMPANY- C/O MARIA NEARY
800 THIRD AVENUE
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 65-0454051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: JUDITH RAYES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: TEPPER MADOVER, ARIELLE
Address: 1501 BROADWAY, STE 1301
City-St-Zip: NEW YORK, NY 10036

Title: VPSD ( ) Delete
Name: MANDOVER, IAN
Address: 1501 BROADWAY, STE 1301
City-St-Zip: NEW YORK, NY 10036

Title: D ( ) Delete
Name: WASSER, MARTIN B
Address: C/O PHILLIP NIZER LLP, 666 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10103

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:

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: ARIELLE TEPPER MADOVER PDT 11/03/2008

Electronic Signature of Signing Officer or Director — Date