2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000002482 1. Entity Name THE CATHERINE SCRIPPS RODRIGUEZ FAMILY 03 MAY 20 AM 10: 06 FOUNDATION, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address LINDA FRANCISOVICH, V.P. US TRUST COMP LINDA FRANCISOVICH, V.P. US TRUST COMP 114 W 47 STREET 114 W 47 STREET NEW YORK, NY 10036 NEW YORK, NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0831285 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORBES, PHILIP H C/O BUTZEL LONG, SUITE 411 Street Address (P.O. Box Number is Not Acceptable) 1200 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 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 Slunaying, typed or pringed name of registered agent and (see all applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete 1016 Change Addition SCRIPPS RODRIGUEZ, CATHERINE NAME NAME STREET ADDRESS C/O BUTZEL LONG, SUITE 411 STREET ADDRESS P.4. BOCA RATON, FL 33432 COV-ST-2IP CITY-ST-ZP TITLE VSD Delete TRLE 80001:9564**99**5 NAME LOUD, SAMANTHA C NAME 05/20/03--01020--001 **61. C/O BUTZEL LONG, SUITE 411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2P BOCA RATON, FL 33432 VD 11118 Oelete TITLE ☐ Change Addition LOUD, SHAWN M C/O BUTZEL LONG, SUITE 411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-2IP VD TITLE Delete TALE ☐ Change Addition RODRIGUEZ, ISMAEL NAME NAME C/O BUTZEL LONG, SUITE 411 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TIME Delete 1016 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE TITLE Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Oaysime Phone #

212-852-3122