

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005326

**Entity Name:** HARPO FOUNDATION, INC.**Current Principal Place of Business:**

ARMSTRONG TEASDALE LLP  
3250 MARY STREET, SUITE 102 ATTN: ISAAC A SAUFER  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

ARMSTRONG TEASDALE LLP  
ATTN: ISAAC SAUFER, 7 TIMES SQUARE 44TH FLOOR  
NEW YORK, NY 10036-6508 US

**FEI Number:** 20-4926823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SAUFER, ISAAC A.  
ARMSTRONG TEASDALE LLP  
3250 MARY STREET, SUITE 102 ATTN: ISAAC A SAUFER  
COCONUT GROVE, FL 33133 US

*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:** ISAAC A. SAUFER

01/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LEVINE, JEREMY  
Address 5212 DAHLIA DRIVE  
City-State-Zip: LOS ANGELES CA 90041-2247

Title DIRECTOR  
Name LEVINE, ADAM  
Address 6069 SEWARD PARK AVENUE SOUTH  
City-State-Zip: SEATTLE WA 98118-3052

Title SECRETARY  
Name SAUFER, ISAAC A  
Address ARMSTRONG TEASDALE LLP  
ATTN: ISAAC SAUFER, 7 TIMES  
SQUARE 44TH FLOOR  
City-State-Zip: NEW YORK NY 10036-6508

Title TREASURER  
Name CARABALLO, SUSAN  
Address 511 NW 59TH CT  
City-State-Zip: MIAMI FL 33126

Title CHAIRMAN  
Name GEORGIA, OLIVIA  
Address ONE NORTHSIDE PIERS, 21D  
City-State-Zip: BROOKLYN NY 11249

Title EXECUTIVE DIRECTOR  
Name DEAMER, JULIE  
Address 2109 BONNIE BRAE AVENUE  
City-State-Zip: LAS VEGAS NV 89102

Title VC  
Name OSTRUM, MEG  
Address 210 PORTAL RD  
City-State-Zip: MONTPELIER VT 05602

Title DIRECTOR  
Name GREENFIELD, MARK STEVEN  
Address 1822 LA PAZ ROAD  
City-State-Zip: ALTADENA CA 91001

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JULIE DEAMER

EXECUTIVE DIRECTOR

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LEACH, MARK  
Address             529 STANHOPE LANE  
City-State-Zip:    MATTHEWS NC 28105

Title                 DIRECTOR  
Name                TSOUHLARAKIS, ANNA  
Address             4857 DAKOTA BLVD  
City-State-Zip:    BOULDER CO 80304