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: RONALD BOOK

City-State-Zip: DORAL FL 33172

Certificate of Status Desired: Yes

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:

CAMERON, LYNNE ED 8900 N.W. 18TH TERRACE MIAMI, FL 33172 US

Electronic Signature of Registered Agent

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NEIGHBORS 4 NEIGHBORS, INC.

Name and Address of Current Registered Agent:

Current Principal Place of Business:

Officer/Director Detail :

DOCUMENT# N51340

8900 N.W. 18TH TERRACE MIAMI, FL 33172

Current Mailing Address:

8900 N.W. 18TH TERRACE MIAMI, FL 33172 US

FEI Number: 65-0364391

C/O WFOR TV

C/O WFOR TV

| | Title | DIRECTOR | Title | S, SECRETARY |
|--|-----------------|------------------------|-----------------|-------------------------|
| | Name | MICHAEL, GOODMAN | Name | JOHN, KING |
| | Address | 4100 NE 15 TERRACE | Address | 2100 PONCE DE LEON BLVD |
| | City-State-Zip: | FT LAUDERDALE FL 33334 | City-State-Zip: | CORAL GABLES FL 33134 |
| | | | | |
| | Title | VP | Title | PRESIDENT |
| | Name | BOOK, RONALD | Name | GONZALEZ, AMANDA |
| | Address | 18851 NE 29 AVENUE | Address | 8750 SW 144 STREET |
| | City-State-Zip: | AVENTURA FL 33180 | City-State-Zip: | PALMETTO BAY FL 33176 |
| | | | | |
| | Title | DIRECTOR | | |
| | Name | LEVY, ADAM | | |
| | Address | 8900 NW 18 TERRACE | | |

VICE PRESIDENT

Date