

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37341

Entity Name: BEST BUDDIES INTERNATIONAL, INC.**Current Principal Place of Business:**100 SE 2ND STREET
SUITE 2200
MIAMI, FL 33131**Current Mailing Address:**100 SE 2ND STREET
SUITE 2200
MIAMI, FL 33131 US**FEI Number:** 52-1614576**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHRIVER, ANTHONY K
100 SE 2ND STREET
SUITE 2200
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	PENALOZA, LORI
Address	100 SE 2ND STREET SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	FRIEDMAN, ROBERT J
Address	701 BRICKELL AVE STE 3000
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	HERNANDEZ-DESSAUER, ALEXANDER
Address	100 SE 2 ST., SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	DEVINCENTIS, MARK
Address	10 HUDSON YARDS 41ST FLOOR
City-State-Zip:	NEW YORK NY 10001

Title	PD
Name	SHRIVER, ANTHONY K
Address	100 SE 2ND STREET, SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	CULPO, OLIVIA
Address	1880 CENTURY PARK E #1600
City-State-Zip:	LOS ANGELES CA 90067

Title	SECRETARY
Name	BLANK, BRAD BLANK
Address	100 SE 2ND STREET SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	FADAL, TAMSEN
Address	100 SE 2ND ST STE 2200
City-State-Zip:	MIAMI FL 33131

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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: LORI PENALOZASVP, FINANCE &
OPERATIONS

01/23/2024

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FELDER, JOSHUA
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GLASER, TODD
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name HINTLIAN, JAMIE
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name KLINGMAN, GERARD
Address 120 WEST 45 TH STREET STE 3800
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name LINDSTROM, CHRIS
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name POWERS, WILLIAM V.
Address 101 MAIN STREET SUITE 1400
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR
Name SHAY, JAMES
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name SULLIVAN, TOM
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name YUMAN, BERNIE
Address 100 SE 2ND ST STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GERSHENBERG, AARON
Address 2400 HANOVER ST
City-State-Zip: PALTOALTO CA 94304

Title DIRECTOR
Name HEARST, STEVE
Address 5 THIRD ST STE. 200
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name KLIGMAN, MICHELLE
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name LEWIS, CARL
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name LINTOTT, JAMES
Address 2325 DULLES CORNER BLVD STE.
670
City-State-Zip: HERNDON VA 20170

Title DIRECTOR
Name QUICK, THOMAS
Address 101 MAIN STREET SUITE 1400
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR
Name SHRIVER, EUNICE K II
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name TOMASEK, GARETT
Address 100 SE 2ND ST
STE 2200
City-State-Zip: MIAMI FL 33131