

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000000548

FILED
May 02, 2003
Secretary of State

Entity Name: RESEARCH TO PREVENT BLINDNESS, INC.

Current Principal Place of Business:

645 MADISON AVE., 21ST FLOOR
NEW YORK, NY 100221010

New Principal Place of Business:

Current Mailing Address:

645 MADISON AVE., 21ST FLOOR
NEW YORK, NY 100221010

New Mailing Address:

FEI Number: 13-1945117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WEEKS, DAVID F
Address: 4058 NW MORTHCLIFF
City-St-Zip: BEND, OR 97701

Title: T () Delete
Name: SHEINBERG, SIDNEY JAY
Address: BUBBLE FACTORY/ 8840 WILSHIRE BLVD.
City-St-Zip: UNIVERSAL CITY, CA 90211

Title: T () Delete
Name: BAKER, RICHARD E
Address: 220 SOUTH VALLEY ST.
City-St-Zip: BURBANK, CA 91505

Title: T () Delete
Name: HEWITT, RICHARD G
Address: 711 THIRD AVE.
City-St-Zip: NEW YORK, NY 10017

Title: T () Delete
Name: SWIFT, DIANE S
Address: 261 BROADWAY
City-St-Zip: NEW YORK, NY 10007

Title: T () Delete
Name: SIEGEL, HERBERT J
Address: NEWS AMERICA, INC., 767 5TH AVENUE
City-St-Zip: NEW YORK, NY 10153

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:

Title: () Change () Addition
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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 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 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: DIANE S. SWIFT

T

05/02/2003

Electronic Signature of Signing Officer or Director

Date