2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006517

Entity Name: THE ASCAP FOUNDATION, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE LINCOLN PLAZA NEW YORK, NY 10023 **Current Mailing Address: New Mailing Address:** ONE LINCOLN PLAZA NEW YORK, NY 10023 FEI Number: 51-0181769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST TALLAHASSEE, FL 32301 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BERGMAN, MARILYN DIRECTO Name: Name: C/O ASCAP FOUNDATION, 1 LINCOLN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: Title: () Delete () Change () Addition ROBINSON, IRWIN DIRECTO Name: Name: Address: C/O ASCAP FOUNDATION 1 LINCOLN PLAZA Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROIDO, ARNOLD DIRECTO KAY, DEAN DIRECTO Name: Name: ONE LINCOLN PLAZA ONE LINCOLN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: NEW YORK, NY 10023 Title: () Delete Title: () Change () Addition Name: HAMILTON, ARTHUR Name: ONE LINCOLN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: () Delete Title: () Change () Addition HOLYFIELD, WAYLAND Name: Name: ONE LINCOLN PLAZA Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: () Delete Title: (X) Change () Addition KAY, DEAN BERNSTEIN, CHARLES Name: Name: Address: ONE LINCOLN PLAZA Address: ONE LINCOLN PLAZA NEW YORK, NY 10023 NEW YORK, NY 10023 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARILYN BERGMAN P/D 04/25/2008