

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40908

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: LOEWENSTEIN, INC.

## Current Principal Place of Business:

1801 NORTH ANDREWS AVE.  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

475 WEST TOWN PLACE  
SUITE 201  
ST. AUGUSTINE, FL 32092

## Current Mailing Address:

1801 NORTH ANDREWS AVE  
POMPANO BEACH, FL 33069

## New Mailing Address:

475 WEST TOWN PLACE  
SUITE 201  
ST. AUGUSTINE, FL 32092

FEI Number: 59-2504882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: TORTORICI, VINCENT A.  
Address: 475 WEST TOWN PLACE, SUITE 201  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: P ( ) Delete  
Name: MORIARTY, GENE  
Address: 475 WEST TOWN PLACE, SUITE 201  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: TELL, NICK  
Address: 11100 SANTA MONICA BLVD, SUITE 2000  
City-St-Zip: LOS ANGELES, CA 90025

Title: D (X) Delete  
Name: PACKARD, PAMELA  
Address: 4 DEARFIELD LANE  
City-St-Zip: GREENWICH, CT 06831

Title: D (X) Delete  
Name: TEETSEL, WAYNE  
Address: 885 THIRD AVENUE, 30TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: KING, FRED  
Address: 475 WEST TOWN PLACE, SUITE 201  
City-St-Zip: ST. AUGUSTINE, FL 32092

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT TORTORICI

V

03/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date