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Secretary of State
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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011176

1. Entity Name
PAUL S. PARISER FOUNDATION, INC.

Principal Place of Business	Mailing Address
4700 NW BOCA RATON BOULEVARD SUITE 104 BOCA RATON, FL 33431-4860	4700 NW BOCA RATON BOULEVARD SUITE 104 BOCA RATON, FL 33431-4860

66012033

03032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
56-2606991
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT MARC SCHWARTZ, P.A.
4700 NW BOCA RATON BOULEVARD, SUITE 104
BOCA RATON, FL 33431-4860

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Date
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARISER, PAUL S
STREET ADDRESS	2625 MICHENER RD
CITY-ST-ZIP	BIG SKY, MY 59716
TITLE	D
NAME	PARISER, BENJAMIN S
STREET ADDRESS	1251 TAYLOR AVENUE NORTH APT 206
CITY-ST-ZIP	SEATTLE, WA 98109
TITLE	D
NAME	SCHLOSSBERG, ELI
STREET ADDRESS	3207 FALLSTAFF RD
CITY-ST-ZIP	BALTIMORE, MD 21215
TITLE	D
NAME	LEFF, MARVIN
STREET ADDRESS	1323 DAVIES ROAD
CITY-ST-ZIP	FAR ROCKAWAY, NY 11691
TITLE	D
NAME	PARISER, ALAN D
STREET ADDRESS	26520 WEST MOUNT CALABASAS DRIVE
CITY-ST-ZIP	CALABASAS, CA 913204860
TITLE	D
NAME	SCHWARTZ, ROBERT M
STREET ADDRESS	4700 NW BOCA RATON BLVD, SUITE 104
CITY-ST-ZIP	BOCA RATON, FL 334314860

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 business empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul S. Pariser Pres 5/19/08
(Signature and typed or printed name of Officer or Director) (Date) (Daytime Phone #)