2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N96000005551

Entity Name: THE BOB MARLEY HERITAGE CORPORATION

Current Principal Place of Business:

12401 VISTA LN
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

12401 VISTA LN
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 31-1546967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITTELBERG, RICK
8370 W FLAGLER STREET
STE 125
MIAMI, FL 331442070 US

Name and Address of New Registered Agent:

SOCAL, ROB
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: ROB SOCAL 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KLEIN, PHIL
Address: 18 EAST 41 STREET
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete
Name: HAMILTON, KATHY
Address: 1900 S. BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD (X) Delete
Name: BOOKER, CEDELLA MARLEY
Address: 12401 VISTAS LANE
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete
Name: FOGLE, SHARIEN
Address: 12401 VISTA LANE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: BOOKER, RICHARD E
Address: 12401 VISTA LANE
City-St-Zip: MIAMI, FL 33156

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

SIGNATURE: SHARIEN FOGLE VP 04/24/2009
Electronic Signature of Signing Officer or Director Date