UNIFORM BUSINESS REPORT (UBR)

5/31/00-91

DOCUMENT # N99000003662

Entity Name :

IKE AUSTIN FOUNDATION, INC.

R

21650 OxNARD 6
Woodland

Principal Place of Business	Mailing Address
MICHAEL C. FEINSTEIN, VENTURA BLVD. SUITE 550 CA 91436 21650 Oxnard St. #1925 Woodland Hills, CA 91367	C/O MICHAEL C. FEINSTEIN 16130 VENTURA BLVD. SUITE 550 ENCINO CA 91436-2539

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
STERNACK, MARSHALL R 21 BRICKELL AVE, SUITE 2103 MIAMI FL 33131	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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 _____

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D AUSTIN, ISAAC E STREET ADDRESS 16130 VENTURA BLVD, SUITE 550 ST-ZIP ENCINO CA 91436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 21650 Oxnard St #1925 Woodland Hills, CA 91367	☒ Change ☐ Addition
D AUSTIN, DENISE STREET ADDRESS 16130 VENTURA BLVD, SUITE 550 ST-ZIP ENCINO CA 91436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
D WALLER, RON STREET ADDRESS 16130 VENTURA BLVD, SUITE 550 ST-ZIP ENCINO CA 91436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
STREET ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

I hereby certify that the information supplied with this filing does not qualify 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 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #