

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -2 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**  
1. Entity Name  
*Schorn's Corner Foundation, Inc.*  
*N99000004302*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*FL*

3. Mailing Address  
*Assante 280 Park Ave*  
*5th Floor East*

Suite, Apt. #, etc.  
City & State  
*NS, NY*

Zip  
*16017*

Country  
*NS*

4. FEI Number  
*13-4068618*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Jason Schorn*

Street Address (P.O. Box Number is Not Acceptable)  
*5001 Allyn Pathway #B*

City  
*Tampa*

FL Zip Code  
*33611*

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.

SIGNATURE *[Signature]* DATE *10/24/02*

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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jason Schorn 5001 Allyn Pathway #B Tampa, FL 33611</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800008880918 11/08/02--01005--009 **\$61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Benny Klumborg 280 Park Ave NS, NY 10017</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jon Loffel 280 Park Ave NS, NY 10017</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Jonathan Loffel* DATE: *10/24/02* DAYTIME PHONE: *212-907-8000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)

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