2000	UNIF	ORM BUS	IN 38 REPOR	RT (UBR	3)
1. Entity Name	e	# N990000073			FILED
THE HIRSCH FAMILY FOU			JNDATION, INC.		00 MAR 31 PM 3: 19
Principal Place of Business			Mailing Address		SECRETARY OF STATE
1400 III			1260 N. Ocean Boulevard Palm Beach, FL 33480		SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
2. Principal Place of Business			3. Mailing Address c/o Stuart Haft		
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 431		DO NOT WRITE IN THIS SPACE	
City & State			City & State Palm Beach, FL		4. FEI Number Applied For 65-0967664 Not Applicable
Zip		Country	Zip 33480	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6, Name a	nd Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
STUART J HAFT 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			Street Addres Alky 321 R		
					alm Beach FL 33480
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. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
			S. Election Campaign F Trust Fund Contributi	on	\$5.00 May Be Added to Fees D. Flatzing R. S.
10.	г	OFFICERS AND D	IRECTORS Delete	11.	D, P Change K Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 			NAME STREET ADDRESS CITY-ST-ZIP	Carl E. Hirsch 1260 N. Ocean Boulevard Palm Beach, FL 33480
TITLE NAME			☐ Delete	TITLE NAME	D, VP, S ☐ Change 【 Addition Scott A. Hirsch
STREET ADDRESS CITY-ST-ZIP	.			STREET ADDRESS CSTY-ST-ZIP	6312 Tampa Avenue Tarzana, CA 91334
TITLE NAME	12:33:3-		☐ Delete	TITLE NAME	D, VP, T Change X Addition
STREET ADDRESS) `. }			STREET ADDRESS	4652 Via Marina, Bldg. 3C, Apt. 303 Marina Del Ray, CA 90292
TITLE	=	<u> </u>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		·	·	NAME STREET ADDRESS CITY-ST-ZIP	0000032040602
TITLE	 -= -		☐ Delete	TITLE	******51.25 **** Trangel • 42 Addition
NAME STREET AUDRESS				NAME STREET ADDRESS	
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	
TITLE NAME		,	☐ Delete	TITLE •	Change Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADORESS City-ST-Zip	
12. I hereby	certify that the	information supplied wi or supplemental report	th this filing does not qualify for t is true and accurate and that my	he exemption star signature shall h	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director of the country of I.7 Serids Statutes and that everes appears in Block 10 it Block 11 if

indicated on this report or supplemental report is true and accurate and unity significant shall have the same legal effect as in the decidence 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 B changed, or on an attachment with an address, with all other like empowered.

3 / 2 3 / 2 0 0 0 SIGNATURE:

Daytime Phone #