2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164216

401 CITY AVENUE, S-220

BALA CYNWYD, PA 19004

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 02, 2009 Secretary of State

Entity Name: EB PRIVATE EQUITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1515 N. FEDERAL HIGHWAY STE 3000, OFFICE #29 BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 1515 N. FEDERAL HIGHWAY STE 3000, OFFICE #29 BOCA RATON, FL 33432 FEI Number: 20-4087700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NESBETH, AUTUMN C/O SIG 1515 N FEDERAL HWY, S-3000, OFFICE #29 BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BROOKS, ERIC BROOKS, ERIC Name: Name: 401 CITY AVENUE, S-220 401 CITY AVENUE, SUITE 220 Address: Address: City-St-Zip: BALA CYNWYD, PA 19004 City-St-Zip: BALA CYNWYD, PA 19004 Title: Title: () Delete (X) Change () Addition Name: SULLIVAN, BRIAN Name: SULLIVAN, BRIAN 401 CITY AVENUE, S-220 401 CITY AVENUE, SUITE 220 Address: Address: BALA CYNWYD, PA 19004 BALA CYNWYD, PA 19004 City-St-Zip: City-St-Zip: Title: Title: () Delete VP S (X) Change () Addition GREENBERG, JOEL GREENBERG, JOEL Name: Name:

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

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: BRIAN SULLIVAN Τ 03/02/2009

401 CITY AVENUE, SUITE 220

401CITY AVENUE, SUITE 220

BALA CYNWYD, PA 19004

() Change (X) Addition

BALA CYNWYD, PA 19004

SILVERBERG, TODD