


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003319
 1. Entity Name
THE AARON AND SYLVIA ROTHENBERG FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
39 HOMESTEAD ROAD 39 HOMESTEAD ROAD
TENAFLY, NJ 07670 TENAFLY, NJ 07670

DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0922300** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DONOFF, CRAIG ESQ.
18305 BISCAYNE BLVD.
#300
AVENTURA, FL 33160

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, LOIS 39 HOMESTEAD ROAD TENAFLY, NJ 07670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROTHENBERG, KENNETH 10 LAUREL AVENUE TENAFLY, NJ 07670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, TRISHA 2800 NEILSON WAY #901 SANTA MONICA, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/03/05-80056-008 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois Weiss Lois Weiss 1/31/05 201 5672839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #