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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90060 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006306**

1. Corporation Name

**SURVIVORS OF THE SHOAH VISUAL HISTORY FOUNDATION, INCORPORATED**

Principal Place of Business

100 UNIVERSAL PLAZA  
 UNIVERSAL CITY CA 91608

Mailing Address

P.O. BOX 3168  
 LOS ANGELES CA 90078



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
 22 MT-78

26 Suite, Apt. #, etc.  
 27

23 City & State

28 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified  
 12/12/1994

4. FEI Number  
 95-4474965

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COC ☐ DELETE  
 NAME BRESLAUER, GERALD  
 STREET ADDRESS 10345 WEST OLYMPIC BLVD.  
 CITY-ST-ZIP LOS ANGELES CA 90064

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE DCFO ☐ DELETE  
 NAME RUTMAN, MICHAEL  
 STREET ADDRESS 10345 WEST OLYMPIC BLVD.  
 CITY-ST-ZIP LOS ANGELES CA 90064

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
 NAME RAMER, BRUCE M  
 STREET ADDRESS 132 SOUTH RODEO DR.  
 CITY-ST-ZIP BEVERLY HILLS CA 90212

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE C ☐ DELETE  
 NAME SPIELBERG, STEVEN  
 STREET ADDRESS 100 UNIVERSAL PLAZA, BUNGALOW 477  
 CITY-ST-ZIP UNIVERSAL CITY CA 91608

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
 NAME BERENBAUM, MICHAEL  
 STREET ADDRESS 10345 WEST OLYMPIC BLVD.  
 CITY-ST-ZIP LOS ANGELES CA 90212

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
 6.2 NAME COO  
 6.3 STREET ADDRESS William Maher  
 6.4 CITY-ST-ZIP 10345 West Olympic Blvd.  
 Los Angeles, CA 90064

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Maher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/7/99

(818) 777-7802

Date

Daytime Phone #

CR2E037 (11/98)