

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000000304**

1. Entity Name,

**Survivors of the Shoah Visual History Foundation**

Principal Place of Business  
**100 Universal City Plaza  
Universal City, CA 91608**

Mailing Address  
**P.O. Box 3168  
Los Angeles, CA 90068**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business.

3. Mailing Address

Suite, Apt. #, etc.  
**MT-78**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 00-01

4. FEI Number  
**95-4474965**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**

Name

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

City

**FL**

Zip Code

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 *Scot L. Ferraro*  
Signature, typed or printed name of registered agent and title if applicable

*Scot L. Ferraro, Assistant Secretary*

*4/26/01*  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Michael Berenbaum</b> <b>100 Universal City Plaza, No. MT-78</b> <b>Universal City, CA 91608</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Steven Spielberg</b> <b>100 Universal City Plaza, No. MT-78</b> <b>Universal City, CA 91608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D</b> <b>Gerald Breslauer</b> <b>11400 West Olympic Blvd., No. 550</b> <b>Los Angeles, CA 90064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/CFO/D</b> <b>Michael Rutman</b> <b>11400 West Olympic Blvd., No. 550</b> <b>Los Angeles, CA 90064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bruce M. Ramer</b> <b>132 South Rodeo Drive</b> <b>Beverly Hills, CA 90212</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Douglas Greenberg</b> <b>100 Universal City Plaza, No. MT-78</b> <b>Universal City, CA 91608</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>Ari Zev</b> <b>100 Universal City Plaza, No. MT-78</b> <b>Universal City, CA 91608</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 the 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

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

**CFO**

**1.23.01**

Date

**310.481.3500**

Daytime Phone #

CR2E034 (1/1/00)