


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 044 ****70.00

DOCUMENT # F94000006306 1. Entity Name SURVIVORS OF THE SHOAH VISUAL HISTORY FOUNDATION, INCORPORATED	
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Principal Place of Business 100 UNIVERSAL CITY PLAZA BLDG 5225, ROOM 149 UNIVERSAL CITY, CA 91608	Mailing Address P.O. BOX 3168 LEGAL DEPT, LOS ANGELES, CA 90078
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04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 95-4474965	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESLAUER, GERALD 11400 WEST OLYMPIC BLVD., #550 LOS ANGELES, CA 90064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTMAN, MICHAEL 11400 WEST OLYMPIC BLVD., #550 LOS ANGELES, CA 90064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMER, BRUCE M 132 SOUTH RODEO DR. BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLL, JOHN 100 UNIVERSAL CITY PLAZA, BLDG 5225, 149 UNIVERSAL CITY, CA 91608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, DOUGLAS 100 UNIVERSAL PLAZA, NO. MT-78 UNIVERSAL CITY, CA 91608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZEV, ARI 100 UNIVERSAL PLAZA, N. MT-78 UNIVERSAL CITY, CA 91608

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IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	John Moll <small>Daytime Phone #</small>	April 14, 2005 <small>Date</small>	(818) 777-4623 <small>Daytime Phone #</small>
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