

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90146 017 ****70.00

DOCUMENT # F94000006306

1. Entity Name

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



Principal Place of Business

**100 UNIVERSAL CITY PLAZA
BLDG. 5225, ROOM 149
UNIVERSAL CITY CA 91608**

Mailing Address

**P.O. BOX 3188
LEGAL DEPT.
LOS ANGELES CA 90078**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

BUILDING 5225, ROOM 149

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4474965**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BRESLAUER, GERALD**
STREET ADDRESS **11400 WEST OLYMPIC BLVD., #550**
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JOHN MOLL**
STREET ADDRESS **100 UNIVERSAL CITY PLAZA**
CITY-ST-ZIP **BLDG. 5225, ROOM 149
UNIVERSAL CITY CA 91608**

TITLE **D** ☐ Delete
NAME **RUTMAN, MICHAEL**
STREET ADDRESS **11400 WEST OLYMPIC BLVD., #550**
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE **CHIEF FINANCIAL OFFICER** ☐ Change ☒ Addition
NAME **CLIFFORD BALL**
STREET ADDRESS **100 UNIVERSAL CITY PLAZA**
CITY-ST-ZIP **BLDG 5225, ROOM 149
UNIVERSAL CITY, CA 91608**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **SPIELBERG, STEVEN**
STREET ADDRESS **100 UNIVERSAL PLAZA, BUNGALOW 477**
CITY-ST-ZIP **UNIVERSAL CITY CA 91608**

TITLE **CHAIRMAN (C)** ☒ Change ☐ Addition
NAME **SUSAN CROWN**
STREET ADDRESS **222 N. LA SALLE ST.**
CITY-ST-ZIP **SUITE 2000
CHICAGO, IL 60601**

TITLE **PD** ☐ Delete
NAME **GREENBERG, DOUGLAS**
STREET ADDRESS **100 UNIVERSAL PLAZA, NO. MT-78**
CITY-ST-ZIP **UNIVERSAL CITY CA 91608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ZEVI, ARI**
STREET ADDRESS **100 UNIVERSAL PLAZA, N. MT-78**
CITY-ST-ZIP **UNIVERSAL CITY CA 91608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Secretary

3-25-03

(818) 777-4623

CR2E037 (10/02)

BOARD OF DIRECTORS

Gerald Breslauer
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Attachment

90065484
#F94000006306

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