

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004789

FILED
Aug 22, 2002
Secretary of State

Entity Name: THE MILTON AND MARILYN SAFENOWITZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1933 COLD CANYON ROAD
CALABASAS, CA 91302

New Principal Place of Business:

Current Mailing Address:

1933 COLD CANYON ROAD
CALABASAS, CA 91302

New Mailing Address:

FEI Number: 65-1118908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, THOMAS O ESQ.
200 EAST BROWARD BLVD., SUITE 1500
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Change (X) Addition
Name: SILVERMAN, ELLEN
Address: 5151 SHOSHONE AVENUE
City-St-Zip: ENCINO, CA 91316 US

Title: PD () Change (X) Addition
Name: SAFENOWITZ, MARILYN
Address: 7124 QUEENFERRY CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

Title: STD () Change (X) Addition
Name: SAFENOWITZ, HOWARD
Address: 1933 COLD CANYON ROAD
City-St-Zip: CALABASAS, CA 91302 US

Title: VD () Change (X) Addition
Name: LEVINE, SUSAN
Address: 2 KIRBYS COURT
City-St-Zip: MUTTONTOWN, NY 11753 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD SAFENOWITZ

STD

08/22/2002

Electronic Signature of Signing Officer or Director

Date