


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N01000004789 1. Entity Name THE MILTON AND MARILYN SAFENOWITZ FAMILY FOUNDATION, INC. |  |
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| Principal Place of Business 1933 COLD CANYON ROAD CALABASAS, CA 91302 | Mailing Address 1933 COLD CANYON ROAD CALABASAS, CA 91302 |
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-1118908 | Applied For 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 KATZ, THOMAS O ESQ. 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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|---|---------------------------------------|
| 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 | VD SILVERMAN, ELLEN 5151 SHOSHONE AVENUE ENCINO, CA 91316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SAFENOWITZ, MARILYN 7124 QUEENFERRY CIRCLE BOCA RATON, FL 33496 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SAFENOWITZ, HOWARD 1933 COLD CANYON ROAD CALABASAS, CA 91302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEVINE, SUSAN 2 KIRBYS COURT MUTTONTOWN, NY 11753 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/12/05-80046-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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 an officer like empowered.

SIGNATURE:  **HOWARD SAFENOWITZ** 1/6/05 8182228862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #