


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004789**  
 1. Entity Name  
**THE MILTON AND MARILYN SAFENOWITZ FAMILY FOUNDATION, INC.**



Principal Place of Business 1933 COLD CANYON ROAD CALABASAS, CA 91302	Mailing Address 1933 COLD CANYON ROAD CALABASAS, CA 91302
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02092008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1118908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATZ, THOMAS O ESQ.**  
 200 EAST BROWARD BLVD., SUITE 1500  
 FORT LAUDERDALE, FL 33301

**DO NOT WRITE 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's signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	

U00000434692  
 02/25/06-80012-006 61.25  
**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* \_\_\_\_\_ *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #