

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

DOCUMENT# N01000004789

**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.  
2250 GLADES ROAD  
SUITE 240W  
BOCA RATON, FL 33431 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: VD ( ) Delete  
Name: SILVERMAN, ELLEN  
Address: 5151 SHOSHONE AVENUE  
City-St-Zip: ENCINO, CA 91316 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date