


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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90540 011 \*\*\*\*61.25

**DOCUMENT # N01000004789**

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



Principal Place of Business  
**1933 GOLD CANYON ROAD  
CALABASAS CA 91302**

Mailing Address  
**1933 GOLD CANYON ROAD  
CALABASAS CA 91302**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1118908**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 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**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	SILVERMAN, ELLEN	
STREET ADDRESS	5151 SHOSHONE AVENUE	
CITY-ST-ZIP	ENCINO CA 91316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAFENOWITZ, MARILYN	
STREET ADDRESS	7124 QUEENFERRY CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAFENOWITZ, HOWARD	
STREET ADDRESS	1933 GOLD CANYON ROAD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVINE, SUSAN	
STREET ADDRESS	2 KIRBYS COURT	
CITY-ST-ZIP	MUTTONTOWN NY 11753	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SILVERMAN ELLEN** REQU **HOWARD SAFENOWITZ** 11/27/03 818 560 1546

CR2E037 (10/02)