2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State
08-22-2007 90022 036 ****61.25

DOCUMENT # N95000003771

1. Entity Name
A. PHILLIP GOLDSMITH AND FRIEDA GOLDSMITH FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O DEBORAH RADEL 947 N. LA CIENAGA BLVD., SUITE J LOS ANGELES, CA 90069	C/O DEBORAH RADEL 947 N. LA CIENAGA BLVD., SUITE J LOS ANGELES, CA 90069

05082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0613640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDSMITH, FRIEDA 2780 S OCEAN BLVD PALM BEACH, FL 33480	Name: Robert Konigsberg Street Address (P.O. Box Number is Not Acceptable): 210-15 Point Place City: AVENTURA FL Zip Code: 33180

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: [signature] 8/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDSMITH, FRIEDA 2780 S OCEAN BLVD PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STRULOVIC, LYNDA A 124 EAST 79TH STREET NEW YORK, NY 10021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR RADEL, DEBORAH 947 N. LA CIENEGA BLVD LOS ANGELES, CA 90069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR STRULOVIC, ALBERTO RESIDENCIA PARQUE LA CASTELLANA CARACAS, VENEZUELA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 8/14/07 310.360.3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #