FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051530 (9)

UNITY PICTURES, INC.

Principal Place of Business Mailing Address					A Indication of the British Share Share and	4 MR121 M11M1 11M01 M11	RR zitlt Mats (Bat	
1000 UNIVERS ORLANDO FL	al studios plaza ste 252 32819		DOO UNIVERSAL STUDIOS PLAZA \$TE 252 RLANDO FL 32819-7801					
						3. Date Incorporated or Qualified 08/14/1996	3a. Date of L	ast Report
2. Principal F	Place of Business	28. Mailing A	ddress			4. FEI Number		Applied For
21		26				1 5'9-3384678	Г	Not Applicable
Suite, Apt.	#, etc	Suite, Ap	t. #, etc.				□ \$8.	75 Additional
22		27				5. Certificate of Status Desired	F:	ee Required
City & Stat	te	City & Sta	ate			6. Election Campaign Financing	\$5	.00 May Be
23		28				Trust Fund Contribution	L Ac	ided to Fees
Zφ	Country	Zip		Country	′	8. This corporation has liability for		der s. 199.032,
24	25 9. Name and Address of Curr	29	30			Florida Statutes L 10. Name and Address of New Re	Yes No	
		ent neglatered Age		81	Name	10. Name and Address of New Ad	Sisteren waerr	
	EMENS, SCOTT A	OTE AZA			11ame			
1000 UNIVERSAL STUDIOS PLAZA STE 252					82 Street Address (P.O. Box Number is Not Acceptable)			
OHL	LANDO FL 32819			B3				
					<u> </u>			
				B4	City		FL 85	Zip Code
11 Pureuant	to the provisions of Sections 607.0	502 and 607 1508 E	lorida Statutes, the	l	e-named (corporation submits this statement for the		ing its registered
office or	registered agent, or both, in the Sta	ite of Florida. Such o	hange was author	rize:/ b	y the corp	oration's board of directors. I hereby acce	pt the appointme	nt as registered
agent La	am familiar with, and accept the obt	igations of, Section (507.0505, Florida (Statute	S.			
SIGNATURE	Signature, typed or profed name of registered a	agent and tille if applicable	(NOIE Repla	stere: Ao	ent signature r	equired when reinstating)	DATE	
12.		ND DIRECTORS		13.	······································	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
10°LE			DELETE 1	I.1 TITLE		P	☐ Ch	ange Z Addition
NAME			1	.2 NAME		Scott A.Clemens		
STREET ADDRESS			1	.3 STHEET	ADDRESS	1000 universal Studies Plaz	a ste 252	
City - S1 - ZiP				.4 Cily-5	T-ZIP	Orlando, FL. 32819		
THE			DELETE 2	1 TECLE		V	☐ Ch	
NAME			2	2.2 NAME	1	Kipling 4 Eticksen 1000 Universal Studios Pla	a Ste 25	2
STREET ADDRESS			2	.3 \$1HEE	ADDRESS	1000 Uniterial Studies FM		
CITY - S1 - ZiP				4 CITY-	ST-ZIP	Orknob, F1. 32819		
THTLE				1 TITLE	1	David I, Schmidt	LJ Ch	ange 🖪 Addition
NAME			3	32 NAME		1000 Universel Studies Pla	ra Ste 25	. Z
STREET ADDRESS			3	3 STIEE	ADDRESS	Orlando, FL 32819		
CHY-SI-ZIF				3.4. O-TY-	ST-ZIP	Unand, FC Seri		
Tilli.E	\	L		I.1 TF"LE	-		Ch	ange L_ Addition
NAME				I. 2 NAME	1			
STREET ADDRESS			11	I.3 STHEE	T ADDRESS			
CHY-SI-ZO				1.4 Df[/ -)	ST-ZIP			ange I sader
THE		L		5.1 TOTLE	Į		Ch	ange 🔲 Addition
NAMÉ.				5.2 NAME				
STEEFT ADDRESS					T ADDRESS			
CITY-ST-ZIP				5.4 CITY -	ST-ZIP		T Lac	
TITLE		L		5.1 TIT.E			☐ Ch	ange Addition
NAME				6.2 NAME				
STREET ADDRESS			I e	S.3 STREE	ADDRESS			

6.4 CITY - ST-ZIP

14. I do 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 annual report or supplemental annual 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 congration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CSTY-ST-ZIP

4/24/97 407-224-6 Dayline Phone

FILED

May 05 1997 8:00am

Secretary of State

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