(2/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000825 **Secretary of State** 1. Entity Name IWERKS ENTERTAINMENT, INC. 08-21-2001 90006 039 ***550.00 Principal Place of Business Mailing Address 4540 WEST VALERIO STREET 4540 WEST VALERIO STREET BURBANK CA 91505 BURBANK CA 91505 2. Principal Place of Business 3. Mailing Address 4520 WEST VALERIO 4520 WEST VALERIO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 95-4439361 CA BURBANK BURBANK CA Not Applicable Zip 91505 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 91505 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OTIS, FITZ-EDWARD II Street Address (P.O. Box Number is Not Acceptable) 2828 CLARK ROAD., SUITE 9 SARASOTA FL 34231 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. M Change TITI F Addition MOB ☐ Delete TITLE **IWERKS, DON** NAME NAME STREET ADDRESS **4540 WEST VALERIO STREET** VALSONIO STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA** Change : ■ Addition TITLE TITLE CF₀ □ Delete NAME NAME DAHL, JEFFREY 4620 W6ST VALGRUO STREET STREET ADDRESS STREET ADDRESS 4540 W. VALERIO CITY-ST-ZIP CITY-ST-ZIP BURBANK CA 91505 -- - Addition= TITLE - Detete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received changed, or on an attachment

SIGNATURE:

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Date

Daytime Phone #

Change

☐ Addition