

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009660

1. Entity Name

ISO PRODUCTIONS, LLC

Principal Place of Business

625 EAST COLONIAL DRIVE  
ORLANDO FL 32803

Mailing Address

625 EAST COLONIAL DRIVE  
ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 947689

City & State

MAITLAND FL

Zip

Country

32794-7689 ORANGE

4. FEE Number

59 366 3822

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, SCOTT M  
1000 UNIVERSAL STUDIOS PLAZA, BLDG. 22A  
SUITE 247  
ORLANDO FL 32819-7610

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME COWIE, ROBIN  
STREET ADDRESS 625 EAST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR ☐ Delete  
NAME HALE, GREGG  
STREET ADDRESS 625 EAST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR ☐ Delete  
NAME MYRICK, DANIEL  
STREET ADDRESS 625 EAST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR ☐ Delete  
NAME MONELLO, MICHAEL  
STREET ADDRESS 625 EAST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR ☐ Delete  
NAME SANCHEZ, EDUARDO  
STREET ADDRESS 625 EAST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004481506--0  
-07/17/01--01094--011  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-27-01 407 362 6000

CR2E083 (5/01)

STAPLE CHECK HERE



DO NOT WRITE IN THIS SPACE

MJM

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA