

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90056 008 \*\*\*\*\*50.00

**DOCUMENT # L00000009660**

**1. Entity Name**  
**ISO PRODUCTIONS, LLC**

**Principal Place of Business**

**625 EAST COLONIAL DRIVE**  
**ORLANDO FL 32803**

**Mailing Address**

**P.O. BOX 947089**  
**MAITLAND FL 32754-7089**

**2. Principal Place of Business**

**1000 Universal Studios Plaza**  
 Suite, Apt. #, etc.  
**Bldg. 22A, Suite 247**  
 City & State  
**Orlando, FL**

**3. Mailing Address**

**P.O. Box 530084**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**

**Orlando, FL**

**Zip**  
**32819**

**Country**

**City & State**

**Orlando, FL**

**Zip**

**32853-0084**

**Country**

**4. FEI Number** **59-3663822**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$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 May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Delete**

**10. ADDITIONS/CHANGES**

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

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

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

**TITLE**  
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☐ **Change** ☐ **Addition**

**TITLE**  
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☐ **Change** ☐ **Addition**

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

**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:** *Scott M. Goldberg* **Authorized Representative** **1/25/02** **407-224-7533**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**

CR2E083 (9/01)