

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90161 042 ****50.00

DOCUMENT # L01000002014

1. Entity Name
BWFP II, LLC

Principal Place of Business

~~625 EAST COLONIAL DRIVE
 ORLANDO FL 32803~~

Mailing Address

P.O. BOX 530084
 ORLANDO FL 32853-0084

2. Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA

3. Mailing Address

Suite, Apt. #, etc.

BLDG 22A SUITE 247

City & State
ORLANDO, FL

City & State

4. FEI Number

59-3696359

Applied For
 Not Applicable

Zip
32819

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WHITACRE, WILLIAM L
 1000 UNIVERSAL STUDIOS PLAZA
 BUILDING 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 **MGR** Delete
 NAME **BLAIR WITCH FILM COMPANY**
 STREET ADDRESS ~~625 EAST COLONIAL DRIVE~~
 CITY-ST-ZIP **ORLANDO FL 32803**

10. ADDITIONS/CHANGES

TITLE **MGR** Change Addition
 NAME **THE BLAIR WITCH FILM COMPANY**
 STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG. 22A STE 247**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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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:

(Handwritten Signature)
SIGNATURE REQUIRED

1-22-02

407-234-6781

CR2E083 (9/01)