

# 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.

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**  
NAME  
**BLAIR WITCH FILM COMPANY**  
STREET ADDRESS  
~~625 EAST COLONIAL DRIVE~~  
CITY-ST-ZIP  
**ORLANDO FL 32803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

**CR2E083 (9/01)**

**1-22-02**

**407-234-6781**

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

Date

Daytime Phone #