

# 2002 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # **L01000008744**

02 AUG - 7 AM 11:17

1. Entity Name

**UNIVERSITY FILM PROJECTS, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O NED MCLEOD  
294 PARK AVE N  
WINTER PARK FL 32789

Mailing Address

C/O NED MCLEOD  
294 PARK AVE N  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCLEOD, W. EDWARD ESQ  
W. EDWARD MCLEOD, P.A.  
294 PARK AVE N  
WINTER PARK FL 32789**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$80.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME *Mgrm*  
STREET ADDRESS *Markeith Williams*  
CITY-ST-ZIP *305 Aldrup Way  
Lake Mary, FL 32746*

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Add  
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: *Markeith Williams*

*4-21-02 386-252-9415*

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

Date Daytime Phone #

*OR  
1-407-323-3223*