

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 031 ****50.00

DOCUMENT # L01000022055

1. Entity Name

FROWN BUSTERS INTERNATIONAL, LLC

Principal Place of Business

Mailing Address

**1000 UNIVERSAL STUDIOS PLAZA
 BLDG. 22A, SUITE 247
 ORLANDO FL 32819**

**1000 UNIVERSAL STUDIOS PLAZA
 BLDG. 22A, SUITE 247
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

604 Robert's Rise Dr.

Ocoee, FL

34761

U.S.A

4. FEI Number

02-0531970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WHITACRE, WILLIAM L
 1000 UNIVERSAL STUDIOS PLAZA
 BLDG. 22A, SUITE 247
 ORLANDO FL 32804**

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **HOELSCHER, BILLIE R**
 CITY-ST-ZIP **604 ROBERT'S RISE DR.
 OCOEE FL 34761**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **SKILES, BILL**
 CITY-ST-ZIP **127 JALAPA DR.
 KISSIMMEE FL 34743**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **WHITACRE, BILL**
 CITY-ST-ZIP **1000 UNIVERSAL STUDIOS PLZ. BLDG. 22A #247
 ORLANDO FL 32804**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE Hoelscher Mgr.

9/7/02

407-654-3696

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

Date

Daytime Phone #

CR2E083 (4/02)