☎ 14073543384

FILED
Jun 25, 2003 8:00 am
Secretary of State
03-24-2003 90023 005 ****50.00

REVI

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/24/2003-90023-005-$50.00-$50.00
3/24

DOCUMENT # L02000009127

1. Entity Name
GOLDEN PRODUCTIONS, LLC

44004984

Principal Place of Business
UNIVERSAL STUDIOS FLORIDA
1000 UNIVERSAL PLAZA, BLDG 22, STE 236
ORLANDO FL 32819

Mailing Address
UNIVERSAL STUDIOS FLORIDA
1000 UNIVERSAL PLAZA, BLDG 22, STE 236
ORLANDO FL 32819

[redacted]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
4834 Gamling Lane
Suite, Apt. #, etc.
City & State: Orlando, Florida
Zip: 32821
Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0677981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ORNSTEIN, MARK L
2 SOUTH ORANGE AVENUE, 5TH FLOOR
ORLANDO FL 32801

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

SIGNATURE ______________________________ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER Eric Miles 4834 Gamling Lane, Orlando, FL 32821	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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] 3·6·03 407·224·5030
Date Daytime Phone #