

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004417

Entity Name: @LIEN, LLC

FILED
Apr 08, 2004
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 530084
ORLANDO, FL 328530084

New Mailing Address:

FEI Number: 32-0059028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 247
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HALE, GREGG
Address: 1000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: EICK, CHARLES ROBERT
Address: 1000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: BERRY, MELLISSA
Address: 1000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MELLISSA BERRY

MGR

04/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date