

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044768

Entity Name: WHITE APE PICTURES, LLC

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

1075 TERACE PLACE
ORLANDO, FL 32803

New Principal Place of Business:

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

Current Mailing Address:

1075 TERACE PLACE
ORLANDO, FL 32803

New Mailing Address:

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

FEI Number: 04-3793664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHTACRE, 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/MANAGERS:

Title: MGR () Delete
Name: HALE, GREGG
Address: 1075 TERACE PLACE
City-St-Zip: URBANA, MD 32803

Title: MGR () Delete
Name: COWIE, ROBIN
Address: PO BOX 948265
City-St-Zip: MAITLAND, FL 32794

Title: MGR () Delete
Name: SANCHEZ, ED
Address: 3965 MT NEVIS PASS
City-St-Zip: FREDERICK, MD 21704

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 Chapter 119, 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: GREGG HALE

MGR

02/27/2007

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