2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # L05000072339 04-03-2006 90063 023 ****50.00 1. Entity Name POPTOWN PARTNERS, LLC Principal Place of Business Mailing Address 3000 UNIVERSAL STUDIOS PLAZA 3000 UNIVERSAL STUDIOS PLAZA **BLDG. 17** BLDG. 17 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02082006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONALD, GREG Street Address (P.O. Box Number is Not Acceptable) 3000 UNIVERSAL STUDIOS PLAZA **BLDG**, 17 ORLANDO, FL 32819 City Zip Code FL 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change Addition NAME MCDONALD, GREG NAME 3000 UNIVERSAL STUDIOS PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information

upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information occurate a chithat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the per or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true limited liability company or the

SIGNATURE

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED