

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057957

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: AURIC FILMS, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

1000 UNIVERSAL STUDIOS PLAZA  
BLDG 22A, STE 235  
ORLANDO, FL 32819

## Current Mailing Address:

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

## New Mailing Address:

1000 UNIVERSAL STUDIOS PLAZA  
BLDG 22A, STE 235  
ORLANDO, FL 32819

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WHITACRE, WILLIAM L  
1000 UNIVERSAL STUDIOS PLAZA  
BLDG 22A, STE 235  
ORLANDO, FL 32819 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GIL, ASHER  
Address: 1000 UNIVERSAL STUDIOS PLAZA BLD22 STE 247  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GIL, ASHER  
Address: 1000 UNIVERSAL STUDIOS PLAZA BLD22 STE235  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: ASHER GIL

MGR

04/30/2008

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