

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L96000001160

1. Entity Name
MICHAEL WINSLOW LIVE, L.C.

00 MAY -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22, SUITE 215
ORLANDO FL 32819-7610

Mailing Address
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22, SUITE 215
ORLANDO FL 32819-7601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
BLDG 22A #250
City & State

3. Mailing Address
Suite, Apt. #, etc.
BLDG 22A #250
City & State

4. FEI Number 59-3421784
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WHITEACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, SUITE 250
ORLANDO FL 32819-7610

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WHITACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA BLDG 22 #211 ORLANDO FL 32819-7610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FISHER, ROBERT W 1000 UNIVERSAL STUDIOS PLAZA BLDG 22 #211 ORLANDO FL 32819-7610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	500003264835-- 9 -05/24/00--01042--008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FISHER, ELLEN 1000 UNIVERSAL STUDIOS PLAZA BLDG 22 #211 ORLANDO FL 32819-7610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ROBERT W. FISHER 4-24-00 6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)