

2001 UNIFORM BUSINESS REPORT (UBR)

0008086 AF

DOCUMENT # L96000001160

1. Entity Name

MICHAEL WINSLOW LIVE, L.C.

FILED

01 MAY -7 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, SUITE 250
ORLANDO FL 32819-7610

Mailing Address

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, SUITE 250
ORLANDO FL 32819-7610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3421784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

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

700004336627-0
-05/31/01--01086--011
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME WHITACRE, WILLIAM L
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22 #211
CITY-ST-ZIP ORLANDO FL 32819-7610 ☐ Delete

TITLE MGRM
NAME FISHER, ROBERT W
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22 #211
CITY-ST-ZIP ORLANDO FL 32819-7610 ☒ Delete

TITLE MGRM
NAME FISHER, ELLEN
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22 #211
CITY-ST-ZIP ORLANDO FL 32819-7610 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME RICK PANPLIN
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP ORLANDO FL 32819-7610 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/01 (407) 224-6671

CR2E083 (11/00)