2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600001160

MICHAEL MINCLOW/LIVE LC



FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90059 034 ****50.00

BLDG 2A SUITE 290 ORLANDO FL 3819-7810 2. Principal Pace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci											
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S. Name and Address of Current Registered Agent WHTTACRE, WILLIAM I. 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A, SUITE 250 ORLANDO FI. 32819-7610 8. The above named entiry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered eight. SIGNATURE Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent and the flaguishess Augent spensor recommendation mississing. Superland, Tabou or prived new of registered agent, or both, in the State of Florida. I am familiar with, and accept the the children with and accept the children wi	City & State		City & State			4. FEI Nun	^{nber} 59-342178	34	⊢ —		
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1000 UNIVERSAL STUDIOS PLAZA BLDG 22A, SUTTE 250 ORLANDO FI. 32819-7810 Title 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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE MARC FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 P. MANAGING MEMBERS/MANAGERS ITTLE NOW. WHITACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA BLDG 22/4834 #-250 OTIV-S1-2P OTIV-S1-2P	WHITFACRE, WILLIAM I.				Name						
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. I am familiar with, and accept the obligations of registered agent, and steep agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Signature agent ag	1000 UNIVERSAL STUDIOS PLAZA			Street	Address (I	P.O. Box Num	ber is Not Acceptab	le)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Interview											
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r needy certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. 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.