

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001375

1. Entity Name
CRIMEBUSTERS FILM DEVELOPMENT, L.C.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Bldg 22A #250

Suite, Apt. #, etc.

Bldg 22A #250

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3566884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22, SUITE 215
ORLANDO FL 32819-7610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Bldg 22A #247

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 reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

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

TITLE MGR ☐ Delete
NAME FISHER, ROBERT W
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP ORLANDO FL 32819-7610

TITLE MGR ☐ Delete
NAME FISHER, ELLEN
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP ORLANDO FL 32819-7610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003264832--9
-05/24/00--01042--006
*****50.00 *****50.00

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

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

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

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

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 OR MANAGER

Date

Daytime Phone #

CR2003 (9/99)

0001217