

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001375

1. Entity Name

CRIMEBUSTERS FILM DEVELOPMENT, L.C.

Principal Place of Business

Mailing Address

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

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

59-3566884

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

7. Name and Address of New Registered Agent

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 250
ORLANDO FL 32819-7610

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 reinstating)

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

4000004423424-9
05/18/01--01005--024
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, ROBERT W 1000 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, ELLEN 1000 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICK PANPLIN 1000 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819-7610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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
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)

0000087 AF

FILED

01 MAY 17 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA