

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90059 028 \*\*\*\*\*50.00

**DOCUMENT # L98000001375**

1. Entity Name

**CRIMEBUSTERS FILM DEVELOPMENT, L.C.**



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 **59-3566884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **PAMPLIN, RICK**  
STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG 22A STE 250**  
CITY-ST-ZIP **ORLANDO FL 32819-7610**

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

TITLE **MGR** ☐ Delete  
NAME **WHITACRE, WILLIAM L**  
STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG 22A STE 250**  
CITY-ST-ZIP **ORLANDO FL 32819-7610**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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:

*MAGGIE PAMPLIN* **MAGGIE PAMPLIN** 05.01.03 407.224.6671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)