

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 17 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006255

1. Entity Name  
DESTINY FILMS, L.L.C.

Principal Place of Business Mailing Address  
320 GOLF BROOK CIRCLE, SUITE 104 320 GOLF BROOK CIRCLE, SUITE 104  
LONGWOOD FL 32779 LONGWOOD FL 32779

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3155485 ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IHRIG, WILLIAM K  
100 NORTH TAMPA STREET, SUITE 3500  
TAMPA FL 33602

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) DATE

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBIN, STEPHANIE S		NAME	600003337236--2	
STREET ADDRESS	320 GOLF BROOK CIRCLE, SUITE 104		STREET ADDRESS	-07/26/00--01098--015	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	600003337236--2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDREA S		NAME	-07/26/00--01098--016	
STREET ADDRESS	12420 ROCHEDALE LANE		STREET ADDRESS	*****5.00 *****5.00	
CITY-ST-ZIP	LOS ANGELES CA 90049		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER-NICHOLSON, DIANE		NAME		
STREET ADDRESS	219 MULBERRY STREET NO. 19		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER OR MANAGER

4-19-00/407.774.7311  
Date Daytime Phone #

CR2E083 (5/00)