

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1'

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90389 043 \*\*\*150.00

**DOCUMENT # P00000001946**

1. Entity Name

**OX TAIL PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

1906 EAST ROBINSON STREET  
 ORLANDO FL 32803

1906 EAST ROBINSON STREET  
 ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

2420 E. Jefferson St.

2420 E. Jefferson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

US

Zip

32803

Country

US

4. FEI Number

59-3630192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITACRE, WILLIAM L  
 1000 UNIVERSAL STUDIOS PLAZA  
 BUILDING 22A, SUITE 247  
 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)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
 NAME **NEFF, MYLES JASON**  
 STREET ADDRESS **1906 EAST ROBINSON STREET**  
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)