DI EASE READ ALL	INSTRUCTIONS BEFORE COMPLET	TING THIS FORM.
PLEASE REAU ALL	1N2 LUCTIONS BEI OHE GOW! EE	THE THE COLUMN

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APPLICATION FOR '



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P95000** 

P95000028020

1. Corporation Name

Principal Place of Business

1000 UNIVERSAL STUDIOS

THE PAMPLIN-FISHER COMPANY

Q AR

Mailing Address

1000 UNIVERSAL STUDIOS MANO PLAZ-BUILDING 22. SUITE 255 FILED

96 OCT 14 PM 2: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ORLANDO FL 32819-7610 ORLANDO FL 32819-7610			•	I				
If above a	ddresses are incorrect in any way, line th	nrough incorrect i	nformation and enter co	prrection below.				
New Principal Office Address, If Applicable     3. New M		3. New Mail	iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     O4/06/1995			
Suite, Apt. #, etc. Suite, Apt.		, etc.		5. FEI Number 59 - 3311961		Applied For		
City & State City & State		<b>3</b>				Not Applicable		
Zip	Country	Zip	Country	<u> </u>	6. CERTIFICATE		Additional Fee required a Certificate of Status	
7 Names	and Street Addresses of Each Officer an	d/or Director (FI	orida nonprofit corporati	ions must list at lea	ast 3 directors)			
Name of Officers and/or Directors		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip				
P	PAMPLIN, RICK		1000 UNIVERSAL		PLAZA	ORLANDO FL 32819		
*	Section 1		1666-UNIVERSAL	-0.500070	18-			
T	FISHER, ROBERT W		1000 UNIVERSAL	. STUDIOS .	E PLAZA	ORLANDO FL 32819		
5	FISHER, ELLER	١.	1000 040	beryal s	TUDIOS PUREL	OPLANDO3	.2819	
				, <u>.</u>		000019820 -10/22/9601	ng18	
						****225.00	10-10-00 00-10-00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
WAIN	ACRE, WILLIAM L ESQ				weeks t	ASHBROOK,	-CA-	
	CALL MYCHOFIA WELLOG	OUNIVERS	AT STUDIOS	Street Address	(P.O. Box Number	is Not Acceptable)		
ORLANDO FL SEED BUD ZZ, STE 255 PURCH				Suite, Apt. #, Etc.				
	32819	11		City	AFBORN	State	Zip Code	
10. I, beir	ng appointed the registered agent of the	aboye named co	rporation, am familiar wi	ith and accept the	obligations of Sec	ion 607.0505, F.S.		
Signature Registered	of d Agent	REGISTERED	AGENT MUST SIGN			Date 9/17/9/		
11. D	oes this corporation pay	. anv intar	ngible tax to th	ne utes. Yes	No 🗆	(See other side on intan	e for information gible tax.)	
12. I certif	fy that I am an officer or director or the re instatement application, the reason for c by the corporation have been paid and i	eceiver or trustee lissolution has be the names of indi	empowered to execute en eliminated, the corportionals listed on this for	this application as orate name satisfie rm do not qualify fo	or an exemption u	napter 607 or 617, F.S. I further s of section 607.0401 or 617.04 nder section 119.07(3)(i), F.S. 1	certify that when filing 101, F.S., that all fees The information indicated	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-96 407 224 4671

Daytime Phone #



October 10, 1996

State of Florida
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear State of Florida:

Pursuant to my conversation with a representative of your office, we are enclosing the regular Florida Annual Report fee of \$225.00. As I advised your representative, the Notice of Dissolution was the very first notice received in our office. We did not receive earlier notices of the Florida Annual Report. She suggested we explain this in a letter and send you the regular fee, which is enclosed.

Please feel free to contact me at your convenience at 407-224-6671 if you have questions concerning this matter.

Sincerely,

Robert W. Fisher

Enc.

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