

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90168 039 \*\*\*150.00

**DOCUMENT # P96000078974**

**1. Entity Name**  
**HAXAN FILMS, INC.**

**Principal Place of Business**  
**625 E. COLONIAL DRIVE**  
**ORLANDO FL 32803**  
**US**

**Mailing Address**  
**P.O. BOX 530084**  
**ORLANDO FL 32853-0084**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**815 VIRGINIA DR**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**ORLANDO**

**City & State**

**4. FEI Number**  
**59-3469833**

**Applied For**  
 Not Applicable

**Zip**  
**32803**

**Country**  
**US**

**Zip**

**Country**

**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**

~~**O'BAKER, GENE**~~  
~~**101 SUNNYTOWN RD., STE 200**~~  
~~**CASSELBERRY FL 32707**~~

**Name**  
**WILLIAM L. WHITACRE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1000 UNIVERSAL STUDIOS PLAZA**  
**BLDG. 22 A SUITE 247**  
**City**  
**ORLANDO**

**FL** **Zip Code**  
**32819**

**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**

**01-23-02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>HALE, GREGG</b> <b>1204 ELMWOOD ST.</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>MYRICK, DAN</b> <b>8750 TOREY RIDES TERRACE</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>SANCHEZ, ED</b> <b>13561 LANNER DRIVE</b> <b>ORLANDO FL 32837</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>MONELLO, MIKE</b> <b>711 1/2 PARK LN CIR.</b> <b>ORLANDO FL 32803</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>COWIE, ROBIN</b> <b>1208 ROSCOMARE AVE</b> <b>ORLANDO FL 32806</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>HALE, GREGG</b> <b>1075 TERRACE BLVD.</b> <b>ORLANDO, FL 32803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>MYRICK, DAN</b> <b>530 E. CENTRAL BLVD.</b> <b>ORLANDO, FL 32801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>SANCHEZ, ED</b> <b>2381 WINTER PARK RD.</b> <b>WINTER PARK, FL 32789</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>MONELLO, MIKE</b> <b>1902 MERRITT PARK DR.</b> <b>ORLANDO, FL 32803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED GREGG HALE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**1-22-02 407-362-6000**

CR2E034 (9/01)