

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91487 042 ***150.00

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DOCUMENT # P96000078974

1. Entity Name
HAXAN FILMS, INC.



Principal Place of Business

~~815 VIRGINIA BLVD~~
~~ORLANDO FL 32803~~
US

Mailing Address

P.O. BOX 530084
ORLANDO FL 32853-0084
US

2. Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA

Suite, Apt. #, etc.

BLDG 22A, SUITE 247

City & State

ORLANDO, FLORIDA

Zip

32819

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3469833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A SUITE 247
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	HALE, GREGG	
STREET ADDRESS	1075 TERRACE BLVD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	MYRICK, DAN	
STREET ADDRESS	530 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANCHEZ, ED	
STREET ADDRESS	2301 WINTER PARK RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONELLO, MIKE	
STREET ADDRESS	1002 MERIT PARK DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	235 E. COLORADO BLVD. #644	
CITY-ST-ZIP	PASADENA, CA 91101	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3965 MT. NEVIS PASS	
CITY-ST-ZIP	URBANA, MD 21704	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1902 MERRITT PARK DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MONELLO

4/24/03

407-897-707

Date

Daytime Phone #

CR2E034 (10/02)