

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000042255 (4)

1. Corporation Name

MICHAEL WINSLOW LIVE FILM COMPANY, INC.



Principal Place of Business

Mailing Address

UNIVERSAL STUDIOS FLORIDA  
1000 UNIVERSAL STUDIOS PLZ. S255 BLDG 22  
ORLANDO FL 32819-7610

UNIVERSAL STUDIOS FLORIDA  
1000 UNIVERSAL STUDIOS PLZ. S255 BLDG 22  
ORLANDO FL 32819-7610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

59-3450538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. BLDG. 22A SUITE 215

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. BLDG. 22A SUITE 215

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

WHITACRE, WILLIAM L ESQ  
1000 UNIVERSAL STUDIOS PLAZA  
BUILDING 22, SUITE 211  
ORLANDO FL 32819-7610

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. BLDG. 22A SUITE 215

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FISHER, ROBERT W  
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLZ, S211 BLDG 22  
CITY-ST-ZIP ORLANDO FL 32819-7610

TITLE SC  
NAME WHITACRE, WILLIAM L  
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLZ, S211 BLDG 22  
CITY-ST-ZIP ORLANDO FL 32819-7610

TITLE TD  
NAME FISHER, ELLEN  
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLZ, S211 BLDG 22  
CITY-ST-ZIP ORLANDO FL 32819-7610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)