

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042255

1. Entity Name

MICHAEL WINSLOW LIVE FILM COMPANY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90126 009 ***150.00

Principal Place of Business

Mailing Address

UNIVERSAL STUDIOS FLORIDA
BLDG 22A, SUITE 215
ORLANDO FL 32819-7610
US

UNIVERSAL STUDIOS FLORIDA
BLDG 22A, SUITE 215
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

BLDG 22A #250

Suite, Apt., etc.

BLDG 22A #250

City & State

City & State

4. FEI Number

59-3450538

Applied For

Not Applicable

Zip

Country

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

WHITACRE, WILLIAM L ESQ
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, SUITE 215
ORLANDO FL 32819-7610

Name

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

BLDG 22A #250

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FISHER, ROBERT W
1000 UNIV STUD PLZ BLDG 22 STE 250
ORLANDO FL 32819-7610 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SC
WHITACRE, WILLIAM L
1000 UNIV STUD PLZ BLDG 22 STE 250
ORLANDO FL 32819-7610 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FISHER, ELLEN
1000 UNIV STUD PLZ BLDG 22 STE 250
ORLANDO FL 32819-7610 ☐ Delete

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

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT W. FISHER

4-24-00

407 224 6671

CR2E034 (9/99)