

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90118 043 ***150.00

DOCUMENT # P97000097489

1. Corporation Name

THE BLAIR WITCH FILM COMPANY

Principal Place of Business

6355 METROWEST BLVD
SUITE 200
ORLANDO FL 32835

Mailing Address

6355 METROWEST BLVD
SUITE 200
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

91-1882243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1525 E. Robinson St.
Suite, Apt. #, etc.

2a. Mailing Address

26 1525 E. Robinson St.
Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32801

Country

25 USA

Zip

29 32801

Country

30 USA

9. Name and Address of Current Registered Agent

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

81 Name

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

83

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 ☐ DELETE

NAME HALE, GREGG
STREET ADDRESS 1204 ELMWOOD STREET
CITY-STATE-ZIP ORLANDO FL 32801

TITLE VD ☐ DELETE

NAME SANCHEZ, ED
STREET ADDRESS 13710 LARKSONG DR
CITY-STATE-ZIP GERMANTOWN MD 20874

TITLE SD ☐ DELETE

NAME MYRICK, DAN
STREET ADDRESS 5016 PARK CENTRAL DR ST 2232
CITY-STATE-ZIP ORLANDO FL 32839

TITLE TD ☐ DELETE

NAME COWIE, ROBIN
STREET ADDRESS 6355 METROWEST BLVD STE 200
CITY-STATE-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

GREGG HALE

4-20-99

(407) 895-4370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0102269