

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90164 014 \*\*\*150.00

**DOCUMENT # P97000097489**

1. Entity Name

**THE BLAIR WITCH FILM COMPANY**

Principal Place of Business

~~625 E COLONIAL DR  
 ORLANDO FL 32835~~

Mailing Address

~~625 E COLONIAL DR  
 ORLANDO FL 32835~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1000 UNIVERSAL STUDIOS PLAZA**

Suite, Apt. #, etc.

**BLDG 22A SUITE 247**

**ORLANDO FL**

3. Mailing Address

**PO BOX 530084**

Suite, Apt. #, etc.

**ORLANDO, FL**

4. FEI Number

**91-1882243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITACRE, WILLIAM L**

**1000 UNIVERSAL STUDIOS PLAZA**

**BLDG 22, SUITE 247**

**ORLANDO FL 32819-7610**

7. Name and Address of New Registered Agent

Name

**WILLIAM WHITACRE**

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

**1000 UNIVERSAL STUDIOS PLAZA**

**BLDG 22A SUITE 247**

City

**ORLANDO**

**FL**

**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

**1-27-02**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALE, GREGG	
STREET ADDRESS	1204 ELMWOOD STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ED	
STREET ADDRESS	11320 PINK BLOSSOM CT.	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MYRICK, DAN	
STREET ADDRESS	11320 PINK BLOSSOM CT.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COWIE, ROBIN	
STREET ADDRESS	128 VINERIDGE RUN APT. 108	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG HALE	
STREET ADDRESS	1075 Terrace Blvd.	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED SANCHEZ	
STREET ADDRESS	2381 Winter Park Rd.	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN MYRICK	
STREET ADDRESS	530 E. Central Blvd.	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN COWIE	
STREET ADDRESS	1208 Roscomare Ave.	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MONELLO	
STREET ADDRESS	1902 MERITT PK DR.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 OF GREGG HALE**

**1-22-02**

**407-234-6781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)