

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097489

FILED
Mar 08, 2005
Secretary of State

Entity Name: THE BLAIR WITCH FILM COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 530084
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 91-1882243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALE, GREGG
Address: 1075 TERRACE BLVD
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: SANCHEZ, ED
Address: 3965 MT. NEVIS PASS
City-St-Zip: URBANA, MD 21704

Title: SD () Delete
Name: MYRICK, DAN
Address: 235 E COLORADO BLVD #644
City-St-Zip: PASADENA, CA 91101

Title: TD () Delete
Name: COWIE, ROBIN
Address: 130 MINNEHAHA CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MONELLO, MIKE
Address: 1902 MERRITT PARK DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COWIE, ROBIN
Address: P O BOX 948265
City-St-Zip: MAITLAND, FL 32794

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGG HALE

MGR

03/08/2005

Electronic Signature of Signing Officer or Director

_____ Date