

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000097489

1. Entity Name
THE BLAIR WITCH FILM COMPANY



Principal Place of Business
**1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A SUITE 247
ORLANDO, FL 32819**

Mailing Address
**PO BOX 530084
ORLANDO, FL 32853**



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**WHITAGRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A, SUITE 247
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALE, GREGG
STREET ADDRESS 1075 TERRACE BLVD
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VD
NAME SANCHEZ, ED
STREET ADDRESS 3965 MT. NEVIS PASS
CITY-ST-ZIP URBANA, MD 21704

TITLE SD
NAME MYRICK, DAN
STREET ADDRESS 235 E COLORADO BLVD #644
CITY-ST-ZIP PASADENA, CA 91101

TITLE TD
NAME COWIE, ROBIN
STREET ADDRESS P O BOX 948265
CITY-ST-ZIP MAITLAND, FL 32754

TITLE D
NAME MONELLO, MIKE
STREET ADDRESS 1902 MERRITT PARK DR
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000426726
02/20/06-80055-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wm. L. Whitacre **Wm. L. Whitacre R/A ANNUAL REP. 2/14/06 407 963 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #