2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097489

Entity Name: THE BLAIR WITCH FILM COMPANY

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A SUITE 247
BLDG 22A SUITE 235

ORLANDO, FL 32819 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A SUITE 247

1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A SUITE 235

ORLANDO, FL 32819

BLDG 22A SUITE 247

BLDG 22A SUITE 235

ORLANDO, FL 32819

FEI Number: 91-1882243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITACRE, WILLIAM L

1000 UNIVERSAL STUDIOS PLAZA

BLDG 22A, SUITE 247

ORLANDO, FL 32819 US

WHITACRE, WILLIAM L

1000 UNIVERSAL STUDIOS PLAZA

BLDG 22A, SUITE 235

ORLANDO, FL 32819 US

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: WILLIIAM L. WHITACRE 04/01/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: HALE, GREGG Name: HALE, GREGG

Address: 1000 UNIVERSAL STUDIOS PLAZA B22, ST 247 Address: 1000 UNIVERSAL STUDIOS PLAZA B22, ST 235

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete Title: () Change () Addition

 Name:
 SANCHEZ, ED
 Name:

 Address:
 3965 MT. NEVIS PASS
 Address:

 City-St-Zip:
 URBANA, MD 21704
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MYRICK, DAN
 Name:

 Address:
 235 E COLORADO BLVD #644
 Address:

 City-St-Zip:
 PASADENA, CA 91101
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 COWIE, ROBÍN
 Name:

 Address:
 P O BOX 948265
 Address:

 City-St-Zip:
 MAITLAND, FL 32794
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: MONELLO, MIKE Name: MONELLO, MIKE

Address: 1902 MERRITT PARK DR Address: 1000 UNIVERSAL STUDIOS PLAZA B22 ST 235

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 P 04/01/2008