2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P99000061245 1. Entity Name VICTORY ANIMATION STUDIOS INC. 04-19-2000 90008 023 ***150.00 Principal Place of Business Mailing Address 1000 UNIVERSAL STUDIOS PLAZA, BUILDING 22A 1000 UNIVERSAL STUDIOS PLAZA. BUILDING 22A ORLANDO FL 32819 ORLANDO FL 32819-7601 $0.000000 \circ i \circ$ 3. Mailing Address 2. Principal Place of Business BUVIS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Duite Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete GERBER, MICHAEL NAME NAME 1000 UNIVERSAL STUDIOS PLAZA, BUILDING 22A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ★ Addition ☐ Delete Change TITI F TITLE NAME NAME LAKE TILDEN BLYD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **≰**Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITI F ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 truskee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TRASALCA