
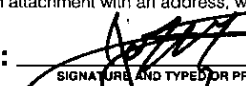


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90424 001 *2,700.00

| | | | |
|---|---|--|--|
| DOCUMENT # 377606 | |  | |
| 1. Entity Name SEA WORLD OF FLORIDA, INC. | | | |
| Principal Place of Business 7007 SEA WORLD DR ORLANDO, FL 32821 US | | Mailing Address C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS, MO 63118 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 95-2707532 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPD ABBEY, VICTOR G ONE BUSCH PLACE SAINT LOUIS, MO 63118 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/P/D KASEN, KEITH M ONE BUSCH PLACE ST LOUIS MO 63118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT KIMMINS, WILLIAM J JR. ONE BUSCH PLACE SAINT LOUIS, MO 63118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHEDULE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TC CASTAGNO, JOHN D ONE BUSCH PLACE SAINT LOUIS, MO 63118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/TC CASTAGNO, JOHN D ONE BUSCH PLACE ST LOUIS MO 63118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VGM KASSEN, KEITH M ONE BUSCH PLACE SAINT LOUIS, MO 63118 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/GM ATCHISON, JAMES D ONE BUSCH PLACE ST LOUIS MO 63118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS GRABE, DAVID ONE BUSCH PLACE SAINT LOUIS, MO 63118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REEVES, LAURA H. ONE BUSCH PLACE ST. LOUIS, MO <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 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:  | | John D Castagno VP & Tax Controller | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 4/22/04 Daytime Phone #: 314/577-7996 | |

Attachment 66417217
Officers and Directors

3771206

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Sea World of Florida, Inc.

Principal Place of Business: 7007 Sea World Drive
Orlando, FL 32821

Mailing Address:: One Busch Place
St. Louis, MO 63118

Officer

Keith M. Kasen
James D. Atchison
David J. Grabe
Laura H. Reeves
William J. Kimmins Jr.
David C. Sauerhoff
John D. Castagno

Title

Chairman of the Board and President
Executive Vice President and General Manager
Vice President & Assistant Secretary
Secretary
Vice President and Treasurer
Assistant Treasurer
Vice President and Tax Controller

Director

Keith M. Kasen

Title

Director