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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 816732 (2)
1. Corporation Name
UNI DISTRIBUTION CORP.



Principal Place of Business: **10 UNIVERSAL CITY PLAZA, UNIVERSAL CITY CA 91608 US**
Mailing Address: **TAX DEPT, 100 UNIVERSAL CITY PLAZA, UNIVERSAL CITY CALIFORNIA 91608-1002**

3. Date Incorporated or Qualified: **02/28/1963**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **13-0623765**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P.O. Box 5023**
Suite, Apt. #, etc.:
22 City & State: **27 NEW YORK, N.Y.**
Zip: **29 10** Country: **30**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, RICHARD E.	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY, CA 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TELLER, ALVIN N.	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY, CA 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAMUEL, MICHAEL	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY, CA 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GEORGE	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY, CA 00000	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	HOROWITZ, ZACHARY I	
STREET ADDRESS	70 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MELVYN R. LEWINTER	
STREET ADDRESS	70 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pamela F. Cherney	
1.3 STREET ADDRESS	100 Universal City Plaza	
1.4 CITY-ST-ZIP	Universal City, CA	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Henry Droz	
2.3 STREET ADDRESS	100 Universal City Plaza	
2.4 CITY-ST-ZIP	Universal City, CA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Buscemi	
4.3 STREET ADDRESS	800 Third Avenue	
4.4 CITY-ST-ZIP	New York, N.Y. 10022	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Paul Buscemi* **Paul Buscemi** 41 197 212-572-7121

CR2E034 (9/96)