2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111398

Entity Name: SEA WORLD OF FLORIDA LLC

Current Principal Place of Business:

9205 SOUTHPARK CENTER LOOP, SUITE 400

ORLANDO, FL 32819

Current Mailing Address:

9205 SOUTHPARK CENTER LOOP, SUITE 400 ORLANDO. FL 32819 US

FEI Number: 95-2707532 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Address

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title INTERIM CHIEF EXECUTIVE OFFICER

Name SEA WORLD LLC Name D'ALESSANDRO, DAVID F.

Address 9205 SOUTHPARK CENTER LOOP, Address 9205 SOUTHPARK CENTER LOOP,

SUITE 400 SUITE 400

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

Title CFO Title CHIEF LEGAL AND CORPORATE

Name HEANEY, JAMES M.

Address Address SCIEUDARY CENTER LOOP

Address SECRETARY

9205 SOUTHPARK CENTER LOOP, SECRETAR

SUITE 400 Name TAYLOR, G. ANTHONY

City-State-Zip: ORLANDO FL 32819 Address 9205 SOUTHPARK CENTER LOOP,

SUITE 400

Title CHIEF ACCOUNTING OFFICER City-State-Zip: ORLANDO FL 32819

Name SWANSON, MARC G.

Address 9205 SOUTHPARK CENTER LOOP, Title SENIOR DIRECTOR, INVESTOR RELATIONS & TREASURER

SUITE 400 RELATIONS & TREASURER
ORLANDO FL. 20242 Name BALLESTEROS, EUGENIO

City-State-Zip: ORLANDO FL 32819

Address 9205 SOUTHPARK CENTER LOOP,
Title ASSISTANT SECRETARY SUITE 400

Name POWERS, PAUL B. City-State-Zip: ORLANDO FL 32819

Address 9205 SOUTHPARK CENTER LOOP, Title ASSISTANT SECRETARY

Address 9205 SOUTHPARK CENTER LOOP, Title ASSISTANT SECRETARY
SUITE 400

City-State-Zip: ORLANDO FL 32819 Name CLARK, CARLOS C.

Address 9205 SOUTHPARK CENTER LOOP,

SUITE 400

City-State-Zip: ORLANDO FL 32819

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL B. POWERS ASSISTANT SECRETARY 02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 23, 2015

Secretary of State

CC4667626731