## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000032426

Entity Name: SEA HOLDINGS I, LLC

9205 SOUTHPARK CENTER LOOP

SUITE 400 ORLANDO, FL 32819

**Current Principal Place of Business:** 

## **Current Mailing Address:**

9205 SOUTHPARK CENTER LOOP SUITE 400 ORLANDO, FL 32819 US

FEI Number: 35-2528795 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD SUITE 250 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title CHIEF EXECUTIVE OFFICER AND Title MGR

**PRESIDENT** Name SEAWORLD PARKS &

ENTERTAINMENT, INC. Name MANBY, JOEL K.

9205 SOUTHPARK CENTER LOOP, Address 9205 SOUTHPARK CENTER LOOP Address

SUITE 400 SUITE 400

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

Title **CFO** Title CHIEF LEGAL OFFICER, GENERAL

COUNSEL AND CORPORATE CRAGE, PETER J. Name **SECRETARY** 

Address 9205 SOUTHPARK CENTER LOOP Name TAYLOR, G. ANTHONY

SUITE 400

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

SUITE 400

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

SWANSON, MARC G. Name Title ASSISTANT TREASURER

Address 9205 SOUTHPARK CENTER LOOP Name LOPEZ. DANIEL

SUITE 400

Address 9205 SOUTHPARK CENTER LOOP City-State-Zip: ORLANDO FL 32819 SUITE 400

ORLANDO FL 32819 City-State-Zip: Title ASSISTANT SECRETARY

Name POWERS, PAUL B. Title ASSISTANT SECRETARY

9205 SOUTHPARK CENTER LOOP Address Name CLARK, CARLOS C.

SUITE 400

Address 9205 SOUTHPARK CENTER LOOP City-State-Zip: ORLANDO FL 32819 SUITE 400

> ORLANDO FL 32819 City-State-Zip:

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.

ASSISTANT SECRETARY 03/10/2016 SIGNATURE: PAUL B. POWERS

Electronic Signature of Signing Authorized Person(s) Detail

Date

**FILED** Mar 10, 2016

**Secretary of State** 

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