

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004659

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC5575702203**

**Entity Name:** SEAWORLD PARKS & ENTERTAINMENT LLC

**Current Principal Place of Business:**

9205 SOUTH PARK CENTER LOOP  
SUITE 400  
ORLANDO, FL 32819

**Current Mailing Address:**

9205 SOUTH PARK CENTER LOOP  
SUITE 400  
ORLANDO, FL 32819 US

**FEI Number:** 36-2608369

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name	SEAWORLD PARKS & ENTERTAINMENT INC	Name	ATCHISON, JIM
Address	9205 SOUTH PARK CENTER LOOP SUITE 400	Address	9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	CFO	Title	CHIEF LEGAL AND CORPORATE AFFAIRS OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY
Name	HEANEY, JAMES M	Name	TAYLOR, G. ANTHONY
Address	9205 SOUTH PARK CENTER LOOP SUITE 400	Address	9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	CHIEF ACCOUNTING OFFICER	Title	TREASURER
Name	SWANSON, MARC G	Name	BALLESTEROS, EUGENIO
Address	9205 SOUTH PARK CENTER LOOP SUITE 400	Address	9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	VICE PRESIDENT OF PLANNING AND ASSISTANT TREASURER	Title	ASSISTANT SECRETARY
Name	DEMSKY, HOWARD	Name	POWERS, PAUL B
Address	9205 SOUTH PARK CENTER LOOP SUITE 400	Address	9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	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**      **04/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date