

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2016
Secretary of State
CC0240943909

Entity Name: SEAWORLD PARKS & ENTERTAINMENT 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: 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
Name SEAWORLD PARKS & ENTERTAINMENT, INC
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CEO AND PRESIDENT
Name MANBY, JOEL K.
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CHIEF FINANCIAL OFFICE AND TREASURER
Name CRAGE, PETER J.
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CHIEF LEGAL OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY
Name TAYLOR, G. ANTHONY
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CHIEF ACCOUNTING OFFICER
Name SWANSON, MARC G.
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT TREASURER
Name LOPEZ, DANIEL
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY
Name POWERS, PAUL B.
Address 9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY
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 03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date