

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004715

Entity Name: SEA WORLD LLC

Current Principal Place of Business:

9205 S PARK CENTER LOOP
STE 400
ORLANDO, FL 32819

Current Mailing Address:

9205 S PARK CENTER LOOP
STE 400
ORLANDO, FL 32819 US

FEI Number: 13-2873726

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 S PARK CENTER LOOP STE 400
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name ATCHISON, JIM
Address 9205 S PARK CENTER LOOP STE 400
City-State-Zip: ORLANDO FL 32819

Title CFO
Name HEANEY, JAMES M
Address 9205 S PARK CENTER LOOP STE 400
City-State-Zip: ORLANDO FL 32819

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

Title CHIEF ACCOUNTING OFFICER
Name SWANSON, MARC G
Address 9205 S PARK CENTER LOOP STE 400
City-State-Zip: ORLANDO FL 32819

Title TREASURER
Name BALLESTEROS, EUGENIO
Address 9205 S PARK CENTER LOOP STE 400
City-State-Zip: ORLANDO FL 32819

Title VICE PRESIDENT OF PLANNING AND ASSISTANT TREASURER
Name DEMSKY, HOWARD
Address 9205 S PARK CENTER LOOP STE 400
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY
Name POWERS, PAUL B
Address 9205 S PARK CENTER LOOP STE 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 04/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date