

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000316

**Entity Name:** SEAWORLD PARKS & ENTERTAINMENT, INC.

**FILED**  
**Mar 29, 2013**  
**Secretary of State**  
**CC8386092752**

**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: 27-1220404**

**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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WALLACE, PETER  
Address 345 PARK AVENUE  
City-State-Zip: NEW YORK NY

Title D  
Name MCEVOY, BRUCE  
Address 345 PARK AVENUE  
City-State-Zip: NEW YORK NY

Title D  
Name BARRATA, JOSEPH  
Address 345 PARK AVENUE  
City-State-Zip: NEW YORK NY

Title CEO  
Name ATCHISON, JAMES D  
Address 9205 SOUTH PARK CENTER LOOP  
City-State-Zip: ORLANDO FL 32819

Title ASST. SECRETARY  
Name POWERS, PAUL B.  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title D  
Name D'ALESSANDRO, DAVID  
Address 9205 SOUTH PARK CENTER LOOP  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL B. POWERS**

**ASST. SECRETARY**

**03/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date