

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000316

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC7526012253**

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

**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:** 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	DIRECTOR	Title	DIRECTOR
Name	D'ALESSANDRO, DAVID F.	Name	ATCHISON, JAMES
Address	9205 SOUTHPARK CENTER LOOP SUITE 400	Address	9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	DIRECTOR	Title	DIRECTOR
Name	BARATTA, JOSEPH P.	Name	WALLACE, PETER F.
Address	9205 SOUTHPARK CENTER LOOP SUITE 400	Address	9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	DIRECTOR	Title	DIRECTOR
Name	MCHALE, JUDITH A.	Name	THOMAS, DEBORAH
Address	9205 SOUTHPARK CENTER LOOP SUITE 400	Address	9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	DIRECTOR, CEO AND PRESIDENT	Title	CHIEF LEGAL OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY
Name	MANBY, JOEL K.	Name	TAYLOR, G. ANTHONY
Address	9205 SOUTHPARK CENTER LOOP SUITE 400	Address	9205 SOUTHPARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

**Continues on page 2**

*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** **ASSIST. SECRETARY**      **03/09/2016**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MOLONEY, THOMAS E.  
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 ASSISTANT SECRETARY  
Name CLARK, CARLOS C.  
Address 9205 SOUTHPARK CENTER LOOP  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name GRAY, WILLIAM  
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