

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2018
Secretary of State
CC3670327487

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
Name MARUYAMA, YOSHIKAZU
Address 9205 SOUTHPARK CENTER LOOP
SUITE 400
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name BENSION, RONALD
Address 9205 SOUTHPARK CENTER LOOP
SUITE 400
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name ROBINSON, DONALD C
Address 9205 SOUTHPARK CENTER LOOP
SUITE 400
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name WANG, YONGLI
Address 9205 SOUTHPARK CENTER LOOP
SUITE 400
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name THOMAS, DEBORAH
Address 9205 SOUTHPARK CENTER LOOP
SUITE 400
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR, CEO AND PRESIDENT
Name MANBY, JOEL K.
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 FINANCIAL OFFICER AND
TREASURER
Name SWANSON, MARC G.
Address 9205 SOUTHPARK CENTER LOOP
SUITE 400
City-State-Zip: ORLANDO FL 32819

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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

ASSISTANT SECRETARY 01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF ACCOUNTING OFFICER
Name GULACSY, ELIZABETH
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 MOLONEY, THOMAS E.
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 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