

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90158 035 ***150.00

DOCUMENT # 496100

1. Entity Name
UNIVERSAL STUDIOS WATER PARKS, INC.

Principal Place of Business
**6200 INTERNATIONAL DR.
 ORLANDO FL 32819**

Mailing Address
**6200 INTERNATIONAL DR.
 ORLANDO FL 32819-8239**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1656769		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		Country		Country	
		10150-5023					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, CATHY A		NAME	Williams, Thomas L	
STREET ADDRESS	14 CREST ROAD WEST		STREET ADDRESS	100 Universal City Plaza	
CITY-ST-ZIP	ROLLING HILLS CA 90274		CITY-ST-ZIP	Universal City, CA 91608	
TITLE	DSVP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, KAREN		NAME	Randall, Karen	
STREET ADDRESS	106550 OAKDALE AVENUE		STREET ADDRESS	100 Universal City Plaza	
CITY-ST-ZIP	CHATSWORTH CA 91311		CITY-ST-ZIP	Universal City, CA 91608	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTMAN, WILLIAM A		NAME	Buscemi, Paul	
STREET ADDRESS	2512 PEACHWOOD PLACE		STREET ADDRESS	800 Third Ave, 6th Floor	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361		CITY-ST-ZIP	New York, NY 10022	
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLIGAN, BRIAN C		NAME	Conway, Kevin	
STREET ADDRESS	5203 LA CANADA BOULEVARD		STREET ADDRESS	800 Third Ave, 6th Floor	
CITY-ST-ZIP	LA CANADA FLINTRIDGE CA 91011		CITY-ST-ZIP	New York, NY 10022	
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUNTAGH, HELLENE S		NAME	Garcia, Sharon S	
STREET ADDRESS	P.O. BOX 8509		STREET ADDRESS	100 Universal City Plaza	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608		CITY-ST-ZIP	Universal City, CA 91608	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, SHARON S		NAME	Cherney, Pamela	
STREET ADDRESS	1703 LA SENDA PLACE		STREET ADDRESS	100 Universal City Plaza	
CITY-ST-ZIP	SOUTH PASADENA CA 91030		CITY-ST-ZIP	Universal City, CA 91608	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Paul Buscemi Paul Buscemi 04/19/2000 (212) 572-7290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)