

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496100

1. Entity Name

UNIVERSAL STUDIOS WATER PARKS, INC.

Principal Place of Business

6200 INTERNATIONAL DR.
ORLANDO FL 32819

Mailing Address

%UNIVERSAL MUSIC GROUP
P O BOX 5023
NEW YORK NY 10150-5023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1656769

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WILLIAMS, THOMAS L
STREET ADDRESS 100 UNIVERSAL CITY PLAZA
CITY-ST-ZIP UNIVERSAL CITY CA 91608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RANDALL, KAREN
STREET ADDRESS 100 UNIVERSAL CITY PLAZA
CITY-ST-ZIP UNIVERSAL CITY CA 91608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME BUSCEMI, PAUL
STREET ADDRESS 800 THIRD AVE, 6TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CONWAY, KEVIN
STREET ADDRESS 800 THIRD AVE, 6TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GARCIA, SHARON S
STREET ADDRESS 100 UNIVERSAL CITY PLAZA
CITY-ST-ZIP UNIVERSAL CITY CA 91608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CHERNEY, PAMELA
STREET ADDRESS 100 UNIVERSAL CITY PLAZA
CITY-ST-ZIP UNIVERSAL CITY CA 91608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Conway

Date

4/12/01 (212) 572-7000

Daytime Phone #

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90077 049 ***150.00

00040106



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)