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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 826870 (8)  
1. Corporation Name  
SPENCER GIFTS, INC.



Principal Place of Business

6826 BLACK HORSE PIKE #109  
EGG HARBOR TWSP NJ 08234  
US

Mailing Address

6826 BLACK HORSE PIKE #109  
EGG HARBOR TWP NJ 08234  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc. #128  
22 City & State  
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc. #128  
27 City & State  
28 Zip

3. Date Incorporated or Qualified

10/12/1971

4. FEI Number

22-1935091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P  
CAREY, GENE  
6826 BLACK HORSE PIKE  
EGG HARBOR TWSP NJ

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VS  
MANGEL, RONALD  
6826 BLACK HORSE PIKE  
EGG HARBOR TWSP NJ

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

C  
HACALA, JOHN  
6826 BLACK HORSE PIKE  
EGG HARBOR TWSP NJ

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP  
SMITH, GEORGE  
100 UNIVERSAL CITY  
UNIVERSAL CITY CA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VAS  
SAMUEL, MIKE  
100 UNIVERSAL CITY  
UNIVERSAL CITY NJ

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DV  
BAKER, RICHARD E.  
100 UNIVERSAL CITY  
UNIVERSAL CITY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☒ Change ☐ Addition

VP  
Bruce L. Hack  
100 Universal City Plaza  
Universal City CA

VAS  
Sharon S. Garcia  
100 Universal City Plaza  
Universal City CA

D  
Helene Runtagh  
100 Universal City Plaza  
Universal City CA

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE *[Signature]*

*[Signature]* 11-22-08 1045-3301

CR2E034 (10/97)