Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000270366 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

# FLORIDA/FOREIGN LP/LLLP

## Universal City Studios Productions LLLP

Certificate of Status	1
Certified Copy	]
Page Count	05
Estimated Charge	\$1,061.25

\*RE-SUBMIT\*

Please retain original filing date of submission 1114

J. SAULSBERRY **EXAMINER** 

JAN 12 2012

11/14/2011

#### COYER LETTER

		•
TO: Registration Section Division of Corporations	,	
SUBJECT: Universal City Studios Productions L	LLP	,
	morship or Limited Liability Limited Parmership	
The enclosed application, certificate of status and finantiership to transact business in Florida.  Please return all correspondence concerning this management	bes are submitted to register a foreign limited partnership of atter to:	or limited liability limited
Gabriela Kornzweig		
Contact Person		
NBCUniversal		
Firm/Company		
100 Universal City Plaza		
Address	**************************************	7A & 73
Universal City, CA 91608		ZOII NOV I L SECRETAR ALLAHASSI
City, State and Zip Code	<del></del>	I NOV I
karen sorensen@nbcuni.com		Sp ≤
E-mail address: (to be used for future annual repo	rt notification)	SSE T
For further information concerning this matter, plea	wa aall:	FOR A
Gabriela Kornzweig	at (818 ) 777-9872	9: 1;2 ORID
Name of Contact Person	Area Code and Daytime Telephone Number	9: 1;2 7: 1;2 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0
Enclosed is a check for the following amount:		. ,
\$1,000.00 Filing Foes (\$965 Filing Fee and \$35 Registered Agent Fee)	X \$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Taliahassee, FL 32314	

FL047 - 10/05/2019 El 7 System Culley

### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of Limited Partnership or Limited Li Acceptable Limited Partnership suffixes: Limited Partnership suffixes Acceptable Limited Liability Limited Partnership suffixes	ability Limited Partnership, which must include suf ership, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or l	
if name unavailable, name under which the limited part business in Flo	tnership or limited liability limited partnership propose ride; must contain acceptable suffix.	
2. Delaware	3, 4/15/2002	£ä 📜 .
State or Country of Formation	Date of Formation	
4. Name of Registered Agent for Service of Process as	nd Florida Street Address:	AS I
C T Corporation System		SSZ ≠
1200 South Pine Island Road		
Plantation, Florida 33324	,	9: \ ETATI
By: (2a)	formance of my duties, and I am familiar with and according to System	nply with the provisions epi the obligations of the obligations of the second s
Signa	ture of Registered Agent	
7. Principle Office: (Florida Street Address)	8. Mailing Address;	
100 University City Plaza	100 University City Plaza	<u>a</u>
Universal City, CA 91608	Universal City, CA 91608	
9. If limited partnership is a limited liability limited p  10. Name, principal office address, and mailing addre  Name of General Partner; VUE NewCo LLC	as of each general partner:	 20000183
		· · · · · · · · · · · · · · · · · · ·
	Street Address:	<del> </del>
Universal City, CA		
-	Mailing Address:	
Universal City, CA 91608		
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address;	
Mailing Address:	Mailing Address:	

Page 1 of 2

FLD47 - 1993/2014 C T System Online

Name of General Partner:	Name of General Pertner:
	Street Address;
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days	s after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authentics	ated, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 30th day of June	
The individual aigning this document affirm that the fac	Ignature of a general partner Comzweig, Secretary of VUE NewCo LLC (general partner) its stated herein are true and the individual is aware that false information attitutes a third degree felony as provided for in s.817.195, F.S.
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Page 2 of Z

FILED

2011 NOV 14 AM 9: 42

SECRETARY OF STATE

FL047 - | 0/03/2910 C T Nystein Chiline

# Delaware PAGE 1

The First State

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL CITY STUDIOS PRODUCTIONS LLLP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE SEEN FILED TO DATE.

2011 NOV 14 AM 9: 42
SECRETARY OF STATE

3478994 8300

111189629

AUTHENTICATION: 9151983

DATE: 11-11-11

J