## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000004494

Entity Name: UNIVERSAL STUDIOS NETWORKS BRAZIL, INC.

FILED Jan 08, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
	ERSAL CITY PI AL CITY, CA 9				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	ERSAL CITY PI AL CITY, CA 9				
FEI Number:	95-4874776	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:	
1200 SOU	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD			
	named entity s e of Florida.	submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUF					
		ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () PALOTAY, MAF 100 UNIVERSA UNIVERSAL CI	L CITY PLAZA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) KAHRS, KENNE 100 UNIVERSA UNIVERSAL CI	L CITY PLAZA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DE () CHRISTENSEN 100 UNIVERSA UNIVERSAL CI	L CITY PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( ) PATSCHECK, S 100 UNIVERSA UNIVERSAL CI	L CITY PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () MOZQUEDA, M 100 UNIVERSA UNIVERSAL CI	L CITY PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	E () COTTON, RICH 30 ROCKEFEL NEW YORK, N	LER PLAZA	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARICELA S. MOZQUEDA S 01/08/2008