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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL

IVERSAL STUDIOS SINGAPORE PLANNING SERVICES, INC.

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COVER LETTER

TO: Amendment Division of C	• •				
SUBJECT: UNIV	ERSAL STUDIOS SINGA	PORE PLAINNING SERVICES, INC.			
	(Name	of Corporation)			
DOCUMENT NUM	IBER: F09000000567				
The enclosed withda	rawal application and fee are su	bmitted for filing.			
Please return all corr matter to the following	respondence concerning this ng:				
GABRIELA KORNZWEIG					
	(Name	of Person)			
NBCUNI	VERSAL				
	(Firm/	Company)			
100 UNIVERSAL CITY PLAZA					
(Address)					
UNIVER	SAL CITY, CA 91608				
(City/State and Zip code)					
For further information concerning this matter, please call:					
GABRIELA KO	RNZWEIG at (818 , 777-9872			
(Nam	e of Person)	(Area Code & Daytime Telephone Number)			
Amen Divisi P.O. I	LING ADDRESS: adment Section ion of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations C.: fton Building 26:51 Executive Center Circle Tr.: llahassee, FL 32301			

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

UN	NIVERSAL STUDIOS	SINGAPORE PLA	INNING SERVICES,	INC.
72		(Name of Corporation)		
EU	9000000567			
10		ment Number of Corporation	(if (nown)	
DE	LAWARE			
		(Incorporated Under Laws (on)	
	tion is no longer transacting trenders its authority to tran		ffars within the State of Flo ffairs in Florida.	rida and hereby
appoints the I		ent for service of process	Florida to accept service or based on a cause of action artida.	
The following	g is a current mailing addres	s for the corporation:		40 Z
<u>Ç/</u>	O NBCUNIVERSAL		CITY PLAZA	THE PERSON TO IN
1 18	WEDGAL CITY CA	(Malling Address)		TALLANASSEE, FLOR
01	IIVERSAL CITY, CA	(City/ State /Zip)		FS 6
				SEE 13
The corporati	on agrees to notify the Depa	irtment of State in the futu	re of any change in its mailir	ng address.
(Segment Tools in	er of a direction, prosident of other of er or other court appainted fiduntary,	foor - If in the hands of a by that fiduciary)	6/13/2011 (Date)	,
GA	BRIELA KORNZWE		SECRETARY (Title of person signal	ng)

FILING FEE \$35