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Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

: (850)222-1092

Fax Number

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## DISSOLUTION OR WITHDRAWAL

IVERSAL PARKS & RESORTS MANAGEMENT SERVICES, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: UNIVERSAL PARKS & RESORTS MANAGEMENT SERVICES, INC. (Name of Corporation) DOCUMENT NUMBER: F09000003623 The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GABRIELA KORNZWEIG (Name of Person) NBCUNIVERSAL (Firm/Company) 100 UNIVERSAL CITY PLAZA (Address) UNIVERSAL CITY, CA 91608 (City/State and Zip code) For further information concerning this matter, please call: at (818) 777-9872 (Area Code & Daytime Telephone Number) **GABRIELA KORNZWEIG** (Name of Person)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

UNIVERSAL PARKS & RESORTS MANAGEMENT SERVICES, INC.
(Name of Corporation)

F09000003623			
(Document Number of Corporation	on (if known)	_	
DELAWARE			
(incorporated Under Lav	vs of)	_	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	g affairs within the State of Florida a ct affairs in Florida.	and hereby	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising	ehalf and during the	
The following is a current mailing address for the corporation:			
C/O NBCUNIVERSAL, 100 UNIVERSA	AL CITY PLAZA		
(Mailing Address) UNIVERSAL CITY, CA 91608			<b>1</b>
(City/ State /Zip)		25.84 2.84 2.84 3.16	
The corporation agrees to notify the Department of State in the fi		lress.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiductary, by that fiduciary)	6/13/2011 (Date)	9	-
GABRIELA KORNZWEIG	SECRETARY	<del>,,</del>	
(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35