

**F9500005777**  
**UNIVERSAL**  
MARY A. CAVANAUGH  
Paralegal  
Legal and Business Affairs

Direct (407) 224-7963  
Facsimile (407) 363-8219

September 15, 1997

Division of Corporations  
FLORIDA DEPARTMENT OF STATE  
P.O. Box 6327  
Tallahassee, Florida 32314

300002295243--3  
-09/17/97--01047--019  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: MCA/Universal Hotel, Inc. Name Change Amendment

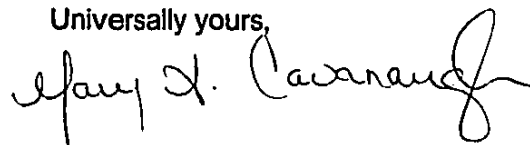
Ladies and Gentlemen:

I am enclosing an Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida, together with a Certified Copy of Name Change from the Delaware Department of State and a check in the amount of \$35.00 for the filing fee. Please send confirmation of filing to my attention at the following address:

Ms. Mary A. Cavanaugh  
Universal Studios Florida  
1000 Universal Studios Plaza, Bldg. B-5  
Orlando, FL 32819

Please call me if you have any questions and thank you for your assistance.

Universally yours,



Enclosures

**STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

**THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.**

Name:	MARY A. CAVANAUGH UNIVERSAL STUDIOS FLORIDA	EIN or SS#:	
Address:	1000 UNIVERSAL STUDIOS PLAZA, BLDG. B-5 ORLANDO, FL 32819		
Amount:	\$35.00	Date Paid:	
Reason for Claim:	DUPLICATE FILING T. BROWN/AMENDMENTS		
	F95000005777	UNIVERSAL STUDIOS HOTEL, INC.	
Certified true and correct this _____ day of _____, 19 _____.			
Signature _____			
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

<b>Do Not Write in This Box - For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	
Amount of recommended refund: <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01047-019</u> dated <u>09/17/97</u>	
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection: <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)