

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90092 036 \*\*\*150.00

**DOCUMENT # F95000005777**

1. Corporation Name

UNIVERSAL STUDIOS HOTEL, INC.



Principal Place of Business

100 UNIVERSAL CITY PLAZA  
UNIVERSAL CITY CA 91608

Mailing Address

P.O. BOX 5023  
NEW YORK NY 10150  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

95-4552206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME HACK, BRUCE L  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608

1.1 TITLE D CEO ☐ Change ☒ Addition  
1.2 NAME Cathy A. Nichols  
1.3 STREET ADDRESS 100 Universal City Plaza  
1.4 CITY-ST-ZIP Universal City, CA 91608

TITLE S ☐ DELETE  
NAME GARCIA, SHARON  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME BUSCEMI, PAUL  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P ☒ DELETE  
NAME BENSION, RONALD  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608

4.1 TITLE P ☐ Change ☒ Addition  
4.2 NAME Thomas L. Williams  
4.3 STREET ADDRESS 100 Universal City Plaza  
4.4 CITY-ST-ZIP Universal City, CA 91608

TITLE V ☒ DELETE  
NAME DUSTIN, LAWRENCE A.  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608

5.1 TITLE VP ☐ Change ☒ Addition  
5.2 NAME Marc Palotay  
5.3 STREET ADDRESS 100 Universal City Plaza  
5.4 CITY-ST-ZIP Universal City, CA 91608

TITLE V ☐ DELETE  
NAME EBERLY, ALLEN  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul Buscemi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIC

Paul Buscemi

Vice President

4/8/99

212-572-7000  
Daytime Phone #

CR2E034 (1/98)