

2001. UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90033 008 ***150.00

DOCUMENT # F95000005777

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4552206**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------|---------------------------------|--|-------|----------------------|------------------------------------|--|
| | D | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | RANDALL, KAREN | 100 UNIVERSAL CITY PLAZA | UNIVERSAL CITY CA 91608 | | | | |
| | S | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | GARCIA, SHARON | 100 UNIVERSAL CITY PLAZA | UNIVERSAL CITY CA 91608 | | | | |
| | V | | <input checked="" type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | BUSCEMI, PAUL | 800 THIRD AVENUE 6 FLOOR | NEW YORK NY 10022 | | Conway, Kevin | 800 Third Avenue, 6th Floor | New York, NY 10022 |
| | P | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | WILLIAMS, THOMAS L | 100 UNIVERSAL CITY PLAZA | UNIVERSAL CITY CA 91608 | | | | |
| | VP | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | PALOTAY, MARC | 100 UNIVERSAL CITY PLAZA | UNIVERSAL CITY CA 91608 | | | | |
| | V | | <input checked="" type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | EBERLY, ALLEN | 100 UNIVERSAL CITY PLAZA | UNIVERSAL CITY CA 91608 | | | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Conway 4/12/01 (212) 572-7000

Date

Daytime Phone #

CR2E034 (10/00)