

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90160 019 \*\*\*550.00

**DOCUMENT # F96000003360**

1. Entity Name

**VIVENDI UNIVERSAL HOLDING I CORP.**



Principal Place of Business

**VIVENDI UNIVERSAL  
7TH FLOOR  
NEW YORK NY 10022  
US**

Mailing Address

**LEGAL DEPT  
800 THIRD AVE.  
NEW YORK NY 10022  
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 **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS BUSHNELL, GEORGE E III 375 PARK AVE 800 Third Avenue NEW YORK NY 10152 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUSHNELL, GEORGE E III 375 PARK AVE 800 Third Avenue NEW YORK NY 10152 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LOSITO, DANIEL J 800 THIRD AVE. NEW YORK NY 10022-7699</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KELSEY, NICOLE LUNDA 375 PARK AVE 800 Third Avenue NEW YORK NY 10152 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CONWAY, KEVIN 800 THIRD AVE NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T APOSTOLIDES, WILLIAM 375 PARK AVE 800 Third Avenue NEW YORK NY 10152 10022</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Daniel J. Losit 800 Third Avenue New York, NY 10022</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Debra Ford 800 Third Avenue New York, NY 10022</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Joseph Carney 800 Third Avenue New York, NY 10022</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary H. Stephen Gordon 100 Universal City Plaza Universal City, CA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Marc Palotay 100 Universal City Plaza Universal City, CA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President John Kaletski 800 Third Avenue, NY, NY 10022</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Daniel J. Losit*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

Date

(212) 572-7092

Daytime Phone #

0118796 AT

CR2E034 (4/03)

attachment

**VIVENDI  
UNIVERSAL**

90150732  
#F96000003360

August 12, 2003


Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 150  
Tallahassee, FL 32302-1500

Dear Sir / Madam:

On behalf of Vivendi Universal Holding I Corp., Vivendi Universal Holding II Corp., and Vivendi Universal Holding III Corp., enclosed please find duly completed 2003 Uniform Business Reports, together with three checks each in the amount of \$550.00 to cover the required filing fees.

I trust you will find the enclosed in order.

Sincerely yours,

  
Gail Sargent  
Legal Department

enc.