

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-18-2003 90160 021 \*\*\*550.00

**DOCUMENT # F96000003361**

1. Entity Name  
**VIVENDI UNIVERSAL HOLDING III CORP.**



Principal Place of Business  
**VIVENDI UNIVERSAL  
7TH FLOOR  
NEW YORK NY 10022**

Mailing Address  
**800 THIRD AVENUE  
LEGAL DEPT  
NEW YORK NY 10022**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>APOSTOLIDES, WILLIAM</b>	
STREET ADDRESS	<b>375 PARK AVE 800 Third Avenue</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10152-0192 10022</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>LOSITO, DANIEL J</b>	
STREET ADDRESS	<b>800 THIRD AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022-7699</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>PALOTAY, MARC R</b>	
STREET ADDRESS	<b>100 UNIVERSAL CITY PLAZA</b>	
CITY-ST-ZIP	<b>UNIVERSAL CITY CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KELSEY, NOCOLE LINDA</b>	
STREET ADDRESS	<b>375 PARK AVENUE 800 Third Avenue</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10152 10022</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CONWAY, KEVIN</b>	
STREET ADDRESS	<b>800 THIRD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022-7699</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director, President &amp; Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George E. Bushnell III</b>	
STREET ADDRESS	<b>800 Third Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daniel J. Losito</b>	
STREET ADDRESS	<b>800 Third Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Debra Ford</b>	
STREET ADDRESS	<b>800 Third Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	
TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph Carney</b>	
STREET ADDRESS	<b>800 Third Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	
TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>H. Stephen Gordon</b>	
STREET ADDRESS	<b>100 Universal City Plaza</b>	
CITY-ST-ZIP	<b>Universal City, CA</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03

Date

Daytime Phone #

(212) 572-7092

CR2E034 (4/03)