## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 11, 2001 8:00 am DOCUMENT # F9700003722 Secretary of State UNIVERSAL-DUCHESS MUSIC CORPORATION 05-11-2001 90034 050 \*\*\*150.00 Principal Place of Business Mailing Address 100 UNIVERSAL CITY PLAZA PO BOX 5023 UNIVERSAL CITY CA 91608 NEW YORK NY 10150 80049251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-1840702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Addition Change TITLE Delete RENZER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA 91608 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME EPSTEIN, NORMAN NAME STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA 91608 Delete Change ☐ Addition TITLE TITLE NAME OSTROFF, MICHAEL NAME STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA 91600 Delete TITLE Change Addition TITLE NAME NAME BUSCEMI, PAUL STREET ADDRESS STREET ADDRESS 800 THIRD AVE, 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CONWAY, KEVIN NAME STREET ADDRESS STREET ADDRESS 800 THIRD AVE, 6TH FLOOR CITY - ST - ZIP CITY - ST - ZIP **NEW YORK NY 10022** Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME GARCIA, SHARON S STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA 91608

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:

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