PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90135 024 ***150.00

i. Corporation	MENT # F97000(SAL STUDIOS RESTAURANT						E 1000/1000 (1100 100/11 100/11 100/11 100/11 100/11 100/11 100/11 100/11 100/11 100/11 100/11 100/11 100/11 1		18111 BIFII 18881 I	1 1481 1 161 1884	
Principal Place of Business Mailing Address							+ 10011ES him 18411 (8814 6814) 48			21,5 . 3	
100 UNIVERSAL CITY PLAZA P.O. BOX 5023											
UNIVERSAL CIT	Y CA 91608	NEW YORK NY 10150	NEW YORK NY 10150				DO NOT WRITE IN THIS SPACE				
						-	3. Date Incorporated or Qualifed				
							09/11/1997				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For	
21		26				Ì	APPLIED FOR		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
22		27					J. Commodia of States Porma-		Fee Re	<u></u>	
City & Stat	e	City & State					6. Election Campaign Financing		\$5.00	*	
23		28					Trust Fund Contribution Added to Fees				
Zip ─_	Country	⊢ '	Zip Country 29 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25	29 Paristand Agent	30	1			10. Name and Address of New I	Registered			
	9. Name and Address of Current	Registered Agent		81	Name		10. teatilo dita i				
СТ	CORPORATION SYSTEM						(T. A. D. 44 - 4 - 1 - 41 - 4 4				
1200 SOUTH PINE ISLAND ROAD				82 Street Addr			s (P.O. Box Number is Not Accept	abie)			
	NTATION FL 33324			83					 		
									85 Zip (<u></u>	
				84	City			FL	85 Zip (,one	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation	or Florida. Such change was ions of, Section 607.0505, F	lorida Stat	utes.	ne corpo	rauon s	s board of directors. Thereby acce	purpose of of the appoi	intment as re	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 2. OFFICERS AND DIRECTORS 13.					signature re	equired wi	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	
TITLE	EVP					VP			Chanca	Addition	
NAME	HACK, BRUCE		1.2 N			Ma	rc Palotay Universal Ocity Wersal City, C				
STREET ADDRESS				_	ADDRESS 4	ואננון וממו	Universal City	Plaza	2	-	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608			TY-ST	-ZIP	m	wersal City (A	_		
TITLE	P	☐ DELETE	2.1 T				The state of the s		☐ Change	Addition	
NAME	WILLIAMS, THOMAS L	2.2.1		AME							
STREET ADDRESS	MEERING, MOMAGE		2.3 \$	2.3 STREET ADDRESS							
CITY-ST-ZIP			2.40	2. 4 CITY+ST-ZIP			<u> </u>	:			
TITLE	SVP	DELETE 3.11		TLE					Change	Addition	
NAME	RANDALL, KATHY		3.2 NAM								
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS						į	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608			3.4. CITY-ST-ZIP					По		
TITLE	V	☐ DELETE							☐ Change	☐ Addition	
NAME	BUSCEMI, PAUL			IAME							
STREET ADDRESS					ADDRESS					,	
CITY-ST-ZIP	NEW YORK NY 10022	☐ DELETE		ITY-ST	-ZIP				Change	Addition	
TITLE	S CAROLA GUARON		5.1 T 5.2 N								
NAME	GARCIA, SHARON		i i		ADDRESS					ĺ	
STREET ADDRESS				TY-ST							
CITY-ST-ZIP TITLE	UNIVERSAL CITY CA 91608	☐ DELETE	6.1 T						☐ Change	Addition	
NAME	AS Miller, Howard		6.2 N	AME							
STREET ADDRESS			6.3 S	TREET	ADDRESS					}	
CITY-ST-ZIP	NEW YORK NY 10022		6.4 0	ITY-ST	-ZiP						

14. 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 adachment with an address, with all other like empowered.

SIGNATURE:

Paul Buscemi Vice President