

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003921

1. Entity Name

UNIVERSAL WORLDWIDE TELEVISION, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90075 049 \*\*\*150.00

Principal Place of Business

Mailing Address

% MRS. SHARON S. GARCIA  
100 UNIVERSAL CITY PLAZA  
UNIVERSAL CITY CA 91608

% MRS. SHARON S. GARCIA  
100 UNIVERSAL CITY PLAZA  
UNIVERSAL CITY CA 91608-1002

2. Principal Place of Business

3. Mailing Address

PO Box 5023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
New York, NY 10150-5023

4. FEI Number

95-4731843

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 2000 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	COBD WESTLAKE, BLAIR M 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NALLE, NED 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SCHUMAN, PHILIP W 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV RUNTAGH, HELLENE S 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINKELSTEIN, RICK 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTSBERRY, FREDERICK 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Randall, Karen 100 Universal City Plaza Universal City, CA 91608 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Buscemi, Paul 800 Third Ave, 6th Floor New York, NY 10022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Conway, Kevin 800 Third Ave, 6th Floor New York, NY 10022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garcia, Sharon S 100 Universal City Plaza Universal City, CA 91608 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Paul Buscemi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Buscemi

04/10/2000

Date

(212) 572-7000

Daytime Phone #

CR2E034 (9/99)