

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90222 021 ***150.00

DOCUMENT # J08109

1. Entity Name

UNIVERSAL STUDIOS WATER PARKS FLORIDA, INC.

Principal Place of Business

Mailing Address

**6200 INTERNATIONAL DR.
 ORLANDO FL 32819**

**6200 INTERNATIONAL DR.
 ORLANDO FL 32819-8239**

2. Principal Place of Business

3. Mailing Address

c/o Universal Music Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PO Box 5023

City & State

City & State
New York, NY

4. FEI Number

59-2656726

Applied For

Not Applicable

Zip

Country

10150-5023

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

**BLACK, MICHAEL
 6200 INTERNATIONAL DR.
 ORLANDO FL 32819**

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 ☐ Delete
PD
 NAME **BLACK, MICHAEL**
 STREET ADDRESS **6200 INTERNATIONAL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
D
 NAME **MORAN, MICHAEL**
 STREET ADDRESS **6200 INTERNATIONAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
D
 NAME **Randall, Karen**
 STREET ADDRESS **100 Universal City Plaza**
 CITY-ST-ZIP **Universal City, CA 91608**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
V
 NAME **Buscemi, Paul**
 STREET ADDRESS **800 Third Ave, 6th Floor**
 CITY-ST-ZIP **New York, NY 10022**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
D
 NAME **Williams, Thomas L**
 STREET ADDRESS **100 Universal City Plaza**
 CITY-ST-ZIP **Universal City, CA 91608**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
V
 NAME **Conway, Kevin**
 STREET ADDRESS **800 Third Ave, 6th Floor**
 CITY-ST-ZIP **New York, NY 10022**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-P2E034 (9/98)