**Division of Corporations** 

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Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

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#### Foreign Limited Liability Company P-1 Acquisition Sub LLC

Certificate of Status	0
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JUN 1 1 2015

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T. SCOTT

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 P-1 Acquisition Sub LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.")	
2. Delaware 3	
(Jurisdiction under the law of which foreign limited liability (FEI number, il'applicable) company is organized)	
4, (Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1000 Universal Studios Plaza	
Orlando, Florida 32819	
(Street Address of Principal Office)	
6. 100 Universal City Plaza	
Universal City, CA 91608	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Kimberley D. Harris - 30 Rockefeller Plaza, New York, NY 10112 - Manager	5
	ي
Anand Kini - 30 Rockefeller Plaza, New York, NY 10112 - Monager	-2
	_
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	<u> </u>
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translato	rΞ
must be submitted)	0
Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an arrangellon under the penalties of perjury that the facts stated herein are am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony to provided for in s.817.155, F.S.)	inie. 1
Gabriela Kornzweig	
Typed or printed name of signee	

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam P-1 Acquisit	ne of the Limited Liabilit ion Sub LLC	y Company is:		
lf unavailal	ole, the alternate to be use	ed in the state (	of Florida is:	
2. The nan	ne and the Florida street a	address of the i	registered agent	and office are:
	C T Corporation System	m		
		(N	ame)	
	1200 South Pine Island	l Road		
	Florida S	Street Address (P.	O. Box NOT ACCE	PTABLE)
	Plantation		FL 33324	
		Cit	y/State/Zip	
liability con registered a statutes rela	mpany at the place design agent and agree to act in t ating to the proper and co	nated in this cer this capacity. It is is a partier on the capacity of the cap	tificate, I hereby further agree to nance of my duti	rcess for the above stated limited accept the appointment as comply with the provisions of all ies, and I am familiar with and d for in Chapter 605, Florida  Tristan Emrich Assistant Secretary
		(Signature)		
			ng Fee for Appl	
	S S		ignation of Reg tified Copy (op	
	Š		tificate of Statu	

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: P-1 Acquisition Sub LLC	_
	Name of Limited Liability Company	
The en	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, ence, and check are submitted to register the above referenced foreign limited liability company to transact busi	" Certificate o iness in Florid
Please	e return all correspondence concerning this matter to the following:	
	Gabriela Komzweig	
	Name of Person	
	NBCUniversal	
	Firm/Company	,
	100 Universal City Plaza	_
	Address	•
	Universal City, CA 91608	_
	City/State and Zip Code	
	walter.daley@nbcuni.com	_
	E-mail address: (to be used for future annual report notification)	<del>-</del>
For fu	urther information concerning this matter, please call:	
	Gabriela Komzweigat (818 ) 777-8636	
	Name of Contact Person Area Code Daytime Telephone Number	_
	MAILING ADDRESS: STREET ADDRESS:	
	Division of Corporations  Registration Section  Registration Section	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Encl	losed is a check for the following amount:	
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,  Certificate of Status	



DECR 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P-1 ACQUISITION SUB LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5755200 8300

150903894

You may verify this certificate online at corp. delaware. gov/authvor. shtml

Jeffrey W. Bullock, Secretary of State

DATE: 06-10-15