

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90420 036 \*\*\*150.00

DOCUMENT # P01000071136

1. Entity Name

452 Chelmsford Entertainment Company

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA

3. Mailing Address

3147 BLAKELY DRIVE

Suite, Apt. #, etc.

Building 22-A, Suite 245

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

U.S.A.

Zip

32835

Country

U.S.A.

4. FEI Number

59-3732903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KURT E. GROSSMAN

Street Address (P.O. Box Number is Not Acceptable)

5043 Winwood Way

City

Orlando

FL

Zip Code

32819

**DO NOT WRITE  
IN THIS SPACE**

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

*Kurt E. Grossman*

KURT E. GROSSMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/09/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

|                |                                                                                     |
|----------------|-------------------------------------------------------------------------------------|
| TITLE          | DCEO                                                                                |
| NAME           | McMAHON, Ed                                                                         |
| STREET ADDRESS | 1200 CREST COURT                                                                    |
| CITY-ST-ZIP    | Beverly Hills, CA 90210                                                             |
| TITLE          | VD                                                                                  |
| NAME           | McMAHON, Pamela                                                                     |
| STREET ADDRESS | 1200 CREST COURT                                                                    |
| CITY-ST-ZIP    | Beverly Hills, CA 90210                                                             |
| TITLE          | PD                                                                                  |
| NAME           | Seggi, Ronald G.                                                                    |
| STREET ADDRESS | 3147 BLAKELY DRIVE                                                                  |
| CITY-ST-ZIP    | Orlando, FL 32835                                                                   |
| TITLE          | STD                                                                                 |
| NAME           | Seggi, Claudia S.                                                                   |
| STREET ADDRESS | 3147 BLAKELY DRIVE                                                                  |
| CITY-ST-ZIP    | Orlando FL 32835                                                                    |
| TITLE          | <b>SIGN<br/>HERE</b>                                                                |
| NAME           |                                                                                     |
| STREET ADDRESS |                                                                                     |
| CITY-ST-ZIP    |                                                                                     |
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Ronald G. Seggi* Ronald G. Seggi, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/02 (407) 224-3162

Date

Daytime Phone #