
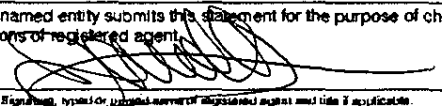
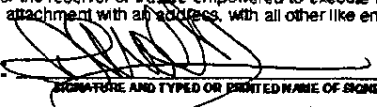


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 017 ***150.00

DOCUMENT # P02000057471			
1. Entity Name UNIVERSAL RESORT KISSIMMEE INC.			
Principal Place of Business 2113 SILVERLEAF COURT LONGWOOD, FL 32779		Mailing Address 2113 SILVERLEAF COURT LONGWOOD, FL 32779	
2. Principal Place of Business 1004 Universal Resort FL		3. Mailing Address 1004 Universal Resort	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Place	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34744	Country	Zip 34744	Country
5. Name and Address of Current Registered Agent PILNICK, ALAN 101 WEEPING ELM LANE LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name DAVID MOTH Street Address (P.O. Box Number is Not Acceptable) 1004 Universal Resort Place City Kissimmee FL Zip Code 34744	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/28/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILNICK, ALAN 101 WEEPING ELM LANE LONGWOOD, FL 32779 <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	CEO MOTH, DAVID 2113 SILVERLEAF COURT LONGWOOD, FL 32779 <input 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		DATE 4/28/03 4079620066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)