

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 031 ***150.00

DOCUMENT # P03000029184



1. Entity Name
UCDP FINANCE, INC.

Principal Place of Business
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819

Mailing Address
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819

94070634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Attn: Legal B5

03182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
42-1581381

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	Tom L. Williams	
STREET ADDRESS	1000 Universal Studios Plaza	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	Howard Lipson	
STREET ADDRESS	Blackstone Media Mgmnt Asso. LLC	
CITY-ST-ZIP	345 Park Ave., NY, NY 10154	
TITLE	P	<input type="checkbox"/> Delete
NAME	Robert K. Gault, Jr.	
STREET ADDRESS	1000 Universal Studios Plaza	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	Glenn Gumpel	
STREET ADDRESS	100 Universal City Plaza, 1280-11	
CITY-ST-ZIP	Universal City, CA 91608	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	Michael E. Corcoran	
STREET ADDRESS	100 Universal City Plaza, 1280-11	
CITY-ST-ZIP	Universal City, CA 91608	
TITLE	S	<input type="checkbox"/> Delete
NAME	Catherine A. Roth	
STREET ADDRESS	1000 Universal Studios Plaza	
CITY-ST-ZIP	Orlando, FL 32819	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Short	
STREET ADDRESS	1000 Universal Studios Plaza	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Catherine A. Roth

Date

Daytime Phone #

3-22-04 (407) 363-8241