

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 31 PM 3:00

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08252006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
CD
WILLIAMS, TOM L
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400079731974
03/12/06--01064--020 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIPSON, HOWARD
BLACKSTONE MEDIA MGMT ASSO. LLC
NEW YORK, NY 10154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Michael Chae
c/o THE BLSTN., GR., 345 PK AV 31 FL
New York, NY 10154 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GAULT, JR., ROBERT K
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROTH, CATHERINE A
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHORT, MICHAEL
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Catherine A. Roth

(407)363-8241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #