FILED Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90073 001 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

0001 1 110 1100	T # P03000029 ., INC.) 184								
Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA 0RLANDO, FL 32819 Mailing Address 1000 UNIVERSAL 0RLANDO, FL 32819					40072200					
2. Principal Place of Bu	siness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			04132007	Chg-P	CR2E034 ((12/06)		
		City & State		4. FEI Number 42-1581		Applied Fo				
Zip	Zip Country		Zip Count						Additional	
6. Na:	ne and Address of Current	Registered Agent			7. Name and A	Address of New Ro	egistered Agei	nt		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
				City	City E Zip Co					
A 71.	<u></u>	or the purpose of changing its		<u> </u>		- 1- N- 00 - 15	<u> </u>	·		
	!! FEE IS \$150.00 107 Fee will be \$550. Officers and		ntribution.		.00 May Be led to Fees	·				
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ATTACHMENT

2007 FOR PROFIT CORPORATION

	ANNUAL	REPORT								
DOCUMENT # P03000029184 1. Entity Name \ UCDP FINANCE, INC.										
UCDP FINANCE, INC.										
1000 UNIVERSAL STUDIOS PLAZA 1		Mailing Address 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819								
2. Principal Pl	ace of Business - No P.O. Box #	. Mailing Address			H	N 72	200)	ŧ	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132007	Chg-P	CR2E034	(12/06)		
City & State	City & State		City & State			4. FEI Numbe 42-158				pplied For ot Applicable
Zip	Zip Country		Zip Country			5. Certificate	of Status Desired		.75 Ade Require	
	6. Name and Address of Current R	egistered Agent	<u> </u>			7. Name and	Address of New Ro	egistered Age	nt	
CT CORPO	DRATION SYSTEM			Name						
1200 S PIN	IE ISLAND RD ON, FL 33324			Street Address (P.O. Box Number is Not Acceptable)						
	,									
				City				FL	Zip Cod	
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										
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee wil! be \$550.0	9. Election Campa Trust Fund Conf		cing		00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIF	RECTOR	IS IN 11
TITLE	CD	☐ Delete	TITLE		Johr	n R. Spr	ouls (P)		Change	KAddition
NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, TOM L 1000 UNIVERSAL STUDIOS PLAJ ORLANDO, FL 32819	ZA		1 ADDRESS S1-ZIP	1000	Universa Universando, FL	al Orlàndo sal Studio: 32819	s Plaza		:
TITLE	D CHAF MICHAEL	☐ Delete	TITLE		Will	liam A.	Davis (V)		Change	™ Addition
NAME STREET ADDRESS CITY-ST-ZIP	CHAE, MICHAEL 345 PARK AVENUE 31 FLOOR NEW YORK, NY 10154			1 ADDRESS ST-ZIP	1000	Univers Universigndo, FL	al Orlàndo sal Studio 32819	s Plaza		İ
TITLE	P GAULT, JR., ROBERT K	X 🛣 Delete	TITLE		Trac	cey L. S	tockwell(T) 🗆	Change	X 🔼 Addition
NAME STREET ADDRESS CITY-ST-ZIP	1000 UNIVERSAL STUDIOS PLA ORLANDO, FL 32819	ZA		T ADDRESS ST-ZIP	1000	O Univer	al Orlando sal Studio	s Plaza		
THILE	S S	☐ Delete	TITLE	31-217	Urio	ando, FL	32819		Change	☐ Addition
NAME	ROTH, CATHERINE A	L Delete	NAME					Ш	Change	L.J. Addition
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TITLE	T	X 🔽 Delete	TITLE	-					Change	Addition
NAME	SHORT, MICHAEL		NAME					_	o nango	
STREET ADDRESS CITY-ST-ZIP	1000 UNIVERSAL STUDIOS PLAT ORLANDO, FL 32819	ZA		T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP			CITY-:	SI-ZIP						
12. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is to position or the receiver or trustee empore	his filing does not qualify to rue and accurate and that	or the exer my signatu	mptions co ure shall ha	ontained ave the s	in Chapter 119 same legal effec	, Florida Statutes. I t as if made under c	further certify to ath; that I am a	hat the i	information r or director

of the corporation of the receiver or trustee empowered to execute anymethor changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Catherine A. Roth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR