

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 023 ***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

40017157



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008

Chg-P

CR2E034 (12/06)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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
CD
Williams, Thomas L.
1000 Universal Studios Plaza
Orlando, FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHAE, MICHAEL
345 PARK AVENUE 31 FLOOR
NEW YORK, NY 10154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SPROULS, JOHN R
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
V
DAVIS, MICHAEL A
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Davis, William A.
1000 Universal Studios Plaza
Orlando, FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
STOCKWELL, TRACEY L
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FL 32819 ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

Date

(407) 363-8077

Daytime Phone #