



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90003 041 ***550.00

DOCUMENT # P04000158165					
1. Entity Name UCFH II 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		 08252006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-1937798	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LIPSON, HOWARD A C/O THE BLSTN.GR.,345 PK AV 31 FL NEW YORK, NY 10154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Chae C/O THE BLSTN, GR., 345 PK AVE31 FL New York, NY 10154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete WILLIAM, THOMAS L C/O UNIVER. ORL., 1000 UNIVER. ST PLZ ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SPROULS, JOHN R C/O UNIV.STUD.PLZ.,1000 UNIV. ST. PLZ ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SILVER, MICHAEL E C/O UN.ST,1000 UN.C.PLZ,B1280,8FL PASADENA, CA 91106		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SHORT, MICHAEL J C/O UN.ORL.,1000 UN.ST.PLZ ORLANDO, FL 32819		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	
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 <i>John R. Sprouls</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(407) 363-8241 <small>Date Daytime Phone #</small>		

ATTACHMENT

UNIVERSAL CITY DEVELOPMENT PARTNERS VENDOR NO: 77731 CHECK DATE: 8/29/2006 CHECK NO: 357915

INVOICE NUMBER	INVOICE DATE	VOUCHER	NET AMOUNT
UCFHIIFINCANCE INC	8/29/2006	2005PROFITANNUALREPT	550.00
		20053960	
		# P04 00015 8165	
			550.00

UNIVERSAL CITY DEVELOPMENT PARTNERS
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FLORIDA 32819

WACHOVIA BANK, N.A.
ORLANDO, FLORIDA 32819
63-1012/632

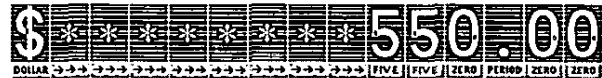
CHECK NO. 357915
CHECK DATE 8/29/2006

Five Hundred Fifty and 00/100 Dollars

PAY

TO THE
ORDER
OF:

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2670 EXECUTIVE CENTER CIRCLE
SUITE 100



UNIVERSAL CITY DEVELOPMENT PARTNERS

NON-NEGOTIABLE

VOID AFTER 180 DAYS

FILE COPY

UNIVERSAL CITY DEVELOPMENT PARTNERS
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FLORIDA 32819

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2670 EXECUTIVE CENTER CIRCLE
SUITE 100
TALLAHASSEE FL 32301

Aug 47963