

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90073 002 ***150.00

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
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40072199



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1937798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILLIAM, THOMAS L C/O UNIVER. ORL., 1000 UNIVER. ST PLZ ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracey L. Stockwell (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition c/o Universal Orlando 1000 Universal Studios Plaza Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPROULS, JOHN R C/O UNIV.STUD.PLZ.,1000 UNIV. ST. PLZ ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVER, MICHAEL E C/O UN.ST,1000 UN.C.PLZ,B1280,8FL PASADENA, CA 91106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHORT, MICHAEL J C/O UN.ORL.,1000 UN.ST.PLZ ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAE, MICHAEL 345 PK AV 31 FL NEW YORK, NY 10154 <input type="checkbox"/> Delete	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: John Sprouls (407) 363-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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1. Entity Name
UCFH II FINANCE, INC.



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ORLANDO, FL 32819

Mailing Address
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CR2E034 (12/06)

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C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME WILLIAM, THOMAS L
STREET ADDRESS C/O UNIVER. ORL., 1000 UNIVER. ST PLZ
CITY-STATE-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE P
NAME SPROULS, JOHN R
STREET ADDRESS C/O UNIV.STUD.PLZ., 1000 UNIV. ST. PLZ
CITY-STATE-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE S
NAME SILVER, MICHAEL E
STREET ADDRESS C/O UN.ST, 1000 UN.C.PLZ, B1280, 8FL
CITY-STATE-ZIP PASADENA, CA 91106 ☐ Delete

TITLE T
NAME SHORT, MICHAEL J
STREET ADDRESS C/O UN.ORL., 1000 UN.ST.PLZ
CITY-STATE-ZIP ORLANDO, FL 32819 ☒ Delete

TITLE D
NAME CHAE, MICHAEL
STREET ADDRESS 345 PK AV 31 FL
CITY-STATE-ZIP NEW YORK, NY 10154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Tracey L. Stockwell (T) ☐ Change ☒ Addition
NAME c/o Universal Orlando
STREET ADDRESS 1000 Universal Studios Plaza
CITY-STATE-ZIP Orlando, FL 32819

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

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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SIGNATURE: John Sprouls

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Sign Here