## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000158165

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

04-20-2007 90073 002 \*\*\*150.00

1. Entity Name UCFH II FINANCE, INC.												
Principal Place of Business Mailing Address 1000 UNIVERSAL STUDIOS PLAZA 1000 UNIVERSAL STUDI ORLANDO, FL 32819 ORLANDO, FL 32819					OS PLAZA		40072199					
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc. Sui			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04132007	Chg-P	CR2E	034 (12/06)		
City & State			City & State				4. FEI Number 20-193				oplied For ot Applicable	
Zip		Zip	Cour						\$8.75 Add Fee Require			
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New I	Registered	Agent		
0.7.0000	ODATION	LOVOTEN			Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)								
					City				FI	Zip Cod	e	
8. The above the obligat	named entit	y submits this statement fo tered agent.	or the purpose of changing it	s register	ed office or	register	ed agent, or bo	th, in the State of Fi		- 1	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable (NO	TE Registere	ed Agent signatu	re required	when reinstating)		DATE		<del></del>	
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.	9. Election Camp. Trust Fund Cor			<b>\$5</b> . Adde	00 May Be ed to Fees					
10.	•	OFFICERS AND	DIRECTORS	11.				CHANGES TO OF	FICERS AN	D DIRECTOR	\$ IN 11	
THTLE	DC		☐ Delete	TITE	E	Trac	cey L. S	tockwell	(T)	Change	<b> K</b> Addition	
NAME				NAM	l l	C/0	Univers	al Orlando	)			
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST- ZIP			sal Studio	os Pla	za		
<u> </u>	P	O, FL 32019		-		uria	ando, FL	32819				
TITLE NAME	Delete			TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS	•				EET ADDRESS							
CITY-ST-ZIP	ORLAND	O, FL 32819		CITY	'-ST-ZIP							
TITLE	s		☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME		MICHAEL E		NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP							
DILE	T	NA, CA 91106	XX Delete	TITL						Change		
NAME		MICHAEL J	A.A. Delete	NAM						☐ Change	☐ Addition	
STREET ADDRESS	SS C/O UN.ORL.,1000 UN.ST.PLZ			STR	EET ADDRESS							
CITY-ST-ZIP	ORLAND	O, FL 32819		CITY	'- ST - ZIP							
TITLE	D		☐ Delete	TiTL	- 1				-	☐ Change	☐ Addition	
NAME CIDEET ADDRESS	CHAE, M			NAM	- 1							
STREET ADDRESS CITY-ST-ZIP	345 PK A	V SI FL		1	EET ADDRESS '-ST-ZIP							
	I NEW YOU	RK. NY 10154			- 21 - 21P							
TITLE	NEW YOU	RK, NY_10154	∏ ∩aleta	_				<del></del>		☐ Change	☐ Addition	
TITLE	NEW YOU	RK, NY_10154	☐ Delete	TITL	E		- <del>-</del> -			☐ Change	Addition	
1	NEW YOU	RK, NY_10154	☐ Delete	TITL NAM STRI	E					Change	☐ Addition	

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 363-8000

Date

Daytme Phone #

ATTACHMENT

2007 FOR PROFIT CORPORATION

	ANNUAL	KEPUKI								
DOCU	MENT(#P04000158	165								
	FINANCE, INC.									
	RSAL STUDIOS PLAZA	Mailing Address 1000 UNIVERSAL STUDIOS PLAZA								
ORLANDO, F	L 32819	ORLANDO, FL 32819				16	(n) 00	1100		1
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				4	0072	.199		•
Suite, Apt.		Suite, Apt. #, etc.			04132007	Chg-P	CR2E03	34 (12/06)		
City & Stat	<del></del>	City & State				4. FEI Numb 20-193			N	oplied For ot Applicable
Zip 	Country	Zip Cou		ntry			of Status Desired	غ <u>ا</u>	8.75 Adee Require	
	6. Name and Address of Current	valioratan whatir		Name		/. Name and	Address of New	vafileted V	Agur	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Coc	le
	named entity submits this statement fo ions of registered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the State of	Florida. I am fa	amiliar with	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	(NOT) edecidade le ett pri	Pagistate	d Agent signati	tewicei en	when reinstating)	·	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Cont		cing		00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.				/CHANGES TO O	FICERS AND	DIRECTOR	S IN 11
THLE	DC	☐ Delete	TITLE		Trac	cey L. S	tockwell	(T)	Change	<b>K</b> Addition
HAME	WILLIAM, THOMAS L			E	c/o	Univers	al Orland	0		
CTREET ADDRESS CITY+CT-ZIP	C/O UNIVER. ORL., 1000 UNIVER. ST PLZ ORLANDO, FL 32819			et address - St- Zip		) Univer ando, FL	sal Studi 32819	os Plaza	ā	
TITLE	P SPROULS, JOHN R	☐ Delete	TITLE						☐ Change	Addition
JTREET ALDRESS CITY-ST-ZIP	C/O UNIV.STUD.PLZ.,1000 UNIV. ST. PLZ ORLANDO, FL 32819			et address St-Zip						
DILE	S SILVER, MICHAEL E	☐ Delete	TITLE				<del></del>		☐ Change	Addition
STREET ADDRESS	C/O UN.ST,1000 UN.C.PLZ,B1280,8FL			ET ADDRESS						
CITY-CT-2iP	PASADENA, CA 91106			ST-ZIP						
NAME	T SHORT, MICHAEL J	XX Delete	HTLE HAME						☐ Change	☐ Addition
STREET AGGREGS TITY-ST-ZIP	C/O UN,ORL.,1000 UN.ST.PLZ ORLANDO, FL 32819			et acoaess -St-Zip						
THEE	D CHAE, MICHAEL	☐ Delete	TITLE						☐ Change	Addition
CIREET ACCRETS	345 PK AV 31 FL NEW YORK, NY 10154		offic.	ET ABORECC GT IOF						
P*LE		☐ Delete	NILE						Change	Addition
NAME STREET ALLESS: . ! 177411-39				E ET #EDFESC IST-CIP		_	Sign)			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Charter 119. Floral structures 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 dat effect as mode under oath, that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 include Statute, and that my name appears in Block 10 or Block 1.1.1.1.

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Sprouls

(407) 363-8000