


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000158165 1. Entity Name UCFH II FINANCE, INC.	
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Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819	Mailing Address 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1937798	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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.

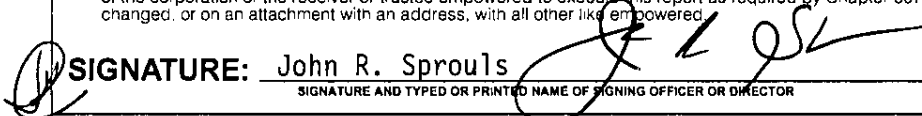
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	02/13/08-80019-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILLIAM, THOMAS L C/O UNIVER. ORL., 1000 UNIVER. ST PLZ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVER, MICHAEL E C/O UN.ST,1000 UN.C.PLZ,B1280,8FL PASADENA, CA 91106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKWELL, TRACEY L C/O UN.ORL.,1000 UN.ST.PLZ ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAE, MICHAEL 345 PK AV 31 FL NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 R. Sprouls**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-363-8077
Daytime Phone #