2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158165

Entity Name: UCFH II FINANCE, INC.

CHAE, MICHAEL

345 PK AV 31 FL

NEW YORK, NY 10154

Name:

Address: City-St-Zip: FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 1000 UNIVERSAL STUDIOS PLAZA 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 ATTN: LEGAL B5 ORLANDO, FL 32819 FEI Number: 20-1937798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILLIAM, THOMAS L Name: Name: C/O UNIVER. ORL., 1000 UNIVER. ST PLZ Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: Title: () Delete () Change () Addition SPROULS, JOHN R Name: Name: C/O UNIV.STUD.PLZ.,1000 UNIV. ST. PLZ Address: Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SILVER, MICHAEL E Name: Name: C/O UN.ST,1000 UN.C.PLZ,B1280,8FL Address: Address: City-St-Zip: PASADENA, CA 91106 City-St-Zip: Title: () Delete Title: () Change () Addition STOCKWELL, TRACEY L Name: Name: Address: C/O UN.ORL.,1000 UN.ST.PLZ Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN R. SPROULS P 04/22/2009