2005 FOR PROFIT CORPORATION

Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT 04-29-2005 90240 011 ***150.00 **DOCUMENT # P04000158168** UCFH I FINANCE, INC. ηρασυντ Principal Place of Business Mailing Address 1000 UNIVERSAL STUDIOS PLAZA 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03032005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For 20-1937766 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition ☐ Change NAME NAME Group STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP New ☐ Celete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hn R. Sprouls O'Universal Orlando O'Universal Studios Plaza TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 7/P CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS h_{city}F_SI. Q_PO r STREET ADDRESS laza, B-1280/8 CITY-ST-ZIP □ Defete TITLE TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

SIGNATURE: John R. Sprouls SIGNATURE AND TYPED OR PRINTED NAME OF S Date Daytime Phone #