

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90003 040 ***550.00

20053961



DOCUMENT # P04000158168 1. Entity Name UCFH I FINANCE, INC.					
Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819			Mailing Address 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1937766	
Zip		Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPSON, HOWARD A 345 PARK AVE 31ST FLOOR NEW YORK, NY 10154 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Michael Chae c/o THE BLSTN, GR 345 PK AV 31 FL New York, NY 10154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WILLIAMS, THOMAS L 1000 UNIVERSAL STUDIOS PLAZA 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	9 SPROULS, JOHN R 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P John R. Sprouls 1000 Universal Studios Plaza Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVER, MICHAEL E 100 UNIVERSAL CITY PLAZA, B-1280/8TH FLOOR 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 1000 UNIVERSAL STUDIOS PLAZA 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	<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 R. Sprouls			(407) 363-8241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

UNIVERSAL CITY DEVELOPMENT PARTNERS VENDOR NO: 77731 CHECK DATE: 8/29/2006 CHECK NO: 357916

INVOICE NUMBER	INVOICE DATE	VOUCHER	NET AMOUNT
UCFH1FINANCEINC	8/29/2006	2005PROFITANNUALRPT 20053961 #PO4/00458168	550.00
			550.00

UNIVERSAL CITY DEVELOPMENT PARTNERS
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FLORIDA 32819

PAY

TO THE
ORDER
OF:

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2670 EXECUTIVE CENTER CIRCLE
SUITE 100

VOID AFTER 180 DAYS

WACHOVIA BANK, N.A.
ORLANDO, FLORIDA 32819
63-1012/632

CHECK NO. 357916
CHECK DATE 8/29/2006
Five Hundred Fifty and 00/100 Dollars



UNIVERSAL CITY DEVELOPMENT PARTNERS

NON-NEGOTIABLE

FILE COPY

UNIVERSAL CITY DEVELOPMENT PARTNERS
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO, FLORIDA 32819

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2670 EXECUTIVE CENTER CIRCLE
SUITE 100
TALLAHASSEE FL 32301

107913