2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2007 90073 027 ***150.00

DOCUMENT # P04000158168 1. Entity Name UCFH I FINANCE, INC.						4005	/ ***130	.00			
Principal Plac	e of Business	Mailing Address				4007	2198				
Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA 0RLANDO, FL 32819 Mailing Address 1000 UNIVERSAL STUDIOS 0RLANDO, FL 32819				¥ZA		•					
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04132007	Chg-P	CR2E03	4 (12/06)			
City & State		City & State				4. FEI Numbe 20-193				oplied For	
Zip	Country	Country Zip Co		try			of Status Desired		8.75 Add	fitional	
	6. Name and Address of Current	Registered Agent	-l			7. Name and	Address of New		,		
	00 1 7 0 1 0 1 0 1			Name				-			
1200 SOU	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)							
FLANIAII	ON, 1 L 33324										
				City			•	FL	Zip Cod	e	
8 The above	named entity submits this statement for	or the purpose of changing its	n rogietor	od office o	r rogiotor	rod agont or ba	th in the State of I		La cuito		
	ions of registered agent.	if the purpose of changing its	s register	ed onice of	i iegistei	ed agent, or bo	in, in the State Off	FIORIUA. TAIRTA	iriifiat with,	ата ассері	
SIGNATURE_											
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable (NO	TE Registere	d Ageni signát	ura required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing	\$5 . Add	.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS:	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE	D	☐ Delete 1		E	Tra	acey L. S	(T)	Change	XX Addition		
NAME	CHAE, MICHAEL			∉ c/o		o Universal Orlando					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		O Universal Studios Plaza					
TITLE	DC	Delete NIT			uria	rlando, FL 32819			☐ Change	Addition	
NAME	WILLIAMS, THOMAS L	☐ Delete	NAM						Crisinge	L] Addition	
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLA	AZA	STA	ET ADDRESS							
CITY-ST-ZIP	ORLANDO, FL 32819		CITY	-ST-ZIP							
TITLE	P CODOURG TOTAL D	☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS	SPROULS, JOHN R 1000 UNIVERSAL STUDIOS PLA	47A	NAM SIRE	E Et adoress							
CITY-ST-ZIP	ORLANDO, FL 32819			- ST-ZIP							
TITLE	s	☐ Delete	fift	E	 				Change	☐ Addition	
NAME	SILVER, MICHAEL E		NAM						_ •		
				ET ADORESS - ST-ZIP							
TITLE	PASADENA, CA 91106	⊁ [≱] Delete							— 24		
NAME	SHORT, MICHAEL J	7 € Delete	TITL						☐ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS]						
CITY-ST-ZIP	ORLANDO, FL 32819		CITY	-ST-ZIP	<u></u>						
TITLE		☐ Delete	fift						☐ Change	Addition	
NAME STREET ADDRESS			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP							
	l		VIII	J, D	L						

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 Sprouls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)363-8000 Daytme Phone #

Date

ATTACHMENT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name UCFH I FINANCE, INC.										
				TO STATE OF THE PARTY OF THE PA						
Principal Plac										
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OKCANDO, 1	2 32013	OKEMBO, TE 02010			11	1017	160			
Principal Place of Business - No P O Box # 3. Mailing Address					\mathcal{H}	0072	(1718			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04400007	Cha D	CD2E024	(40/06)		
		City & State			04132007	Chg-P	CR2E034	<u> </u>	onlind For	1
City & Stat		Oity & State			4. FEI Number 20-1937766			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		3.75 Add e Require		
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered Ag	ent		
CICORE	PORATION SYSTEM		Name	Name						
1200 SOU	TH PINE ISLAND ROAD		Street A	ddress (f	P.O. Box Number	r is Not Acceptabl	e)			ĺ
PLANTAT	ION, FL 33324									1
			City				FL	Zip Cod	e	1
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								and accept		
the obligations of registered agent.										
SIGNATURE.	Signature, typed or printed rame of registered agent a	nd life if applicable (NOTE	Registered Agent signat	ture required	when reinstating)		DATE			
FII	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$ 5.	00 May Be					
	ay 1, 2007 Fee will be \$550.0	Trust Fund Contri	bution.		ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.	,		CHANGES TO OF		IRECTOR	S IN 11	
liflE			TITLE	Tra	cey L. S	tockwell 1 Orlando	(T) [Change	XX Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	1000	Ulliversa Ulnivers	al Studio	s Plaza			
CITY-ST-ZIP			CLTY-ST-ZIP		ndo, FL					
TITLE	DC	☐ Delete	TITLE		·] Change	Addition	
HAME CTREET ADDRESS	WILLIAMS, THOMAS L 1000 UNIVERSAL STUDIOS PLA	74	HAME STREET ADDRESS							
CITY-ST-ZiP	ORLANDO, FL 32819	AZA	CITY - ST- ZIP							
TITLE	<u> </u>		DILE					Change	Addition	ĺ
NAME	SPROULS, JOHN R		NAME							
OTREET ADDRESS OFTY-ST-ZIP	1000 UNIVERSAL STUDIOS PLA ORLANDO, FL 32819	AZA	STREET ADDRESS CITY-ST-ZIP							
TIFLE	S	☐ Delete	TITLE	 				Change	☐ Addition	
:IAME	SILVER, MICHAEL E	2000	NAME				_			
STPEET ADDRESS										
CITY-ST-ZIP	PASADENA, CA 91106	¥*** ~	CUTY-ST ZIP					7 Chr		
UTLE NAME	T SHORT, MICHAEL J	X⊠ Delete	TITLE				L] Ghange	Addition	
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SITY+UT+ZIP	•		CITY ST-CIP						· · · / · · ·	::
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NAME LIBEET ADDRESS	,		NAME CTREET ADDRESS			1			· · · · · · · · · · · · · · · ·	:
GIFY-ST ZIP			CITY - CT- ZIF			61				

certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119 Social Statut. Further certify that the information in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made in derivation and fine or director reportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the my name appears in Block 10 or Block 11 if it is not an attachment with an address, with all other like empowered.

TURE: John Sprouls

(407)363-8000