


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1937766	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U000000813838 02/13/08-80019-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAE, MICHAEL 345 PK AVE 31 FL NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILLIAMS, THOMAS L 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPROULS, JOHN R 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVER, MICHAEL E 100 UNIVERSAL CITY PLAZA, B-1280/8TH FLOOR PASADENA, CA 91106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKEWELL, TRACEY L 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 	407-363-8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #