

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90160 020 \*\*\*550.00

**DOCUMENT # P25278**

1. Entity Name  
**VIVENDI UNIVERSAL HOLDING II CORP.**



Principal Place of Business  
**800 THIRD AVE.  
NEW YORK NY 10022-7601**

Mailing Address  
**ATTN: LEGAL DEPT.  
800 THIRD AVENUE  
NEW YORK NY 10022-7601  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2361785**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 106  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **BUSHNELL, GEORGE E III**  
STREET ADDRESS **375 PARK AVE 800 Third Avenue**  
CITY-ST-ZIP **NEW YORK NY 10152 10022**

TITLE **Director** ☐ Change ☒ Addition  
NAME **George E. Bushnell, III**  
STREET ADDRESS **800 Third Avenue**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **V** ☐ Delete  
NAME **NICOLE, LINDA KELSEY**  
STREET ADDRESS **375 PARK AVE 800 Third Avenue**  
CITY-ST-ZIP **NEW YORK NY 10152 10022**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Daniel J. Losito**  
STREET ADDRESS **800 Third Avenue**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **AS** ☐ Delete  
NAME **LOSITO, DANEIL J**  
STREET ADDRESS **800 THIRD AVE**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Debra Ford**  
STREET ADDRESS **800 Third Avenue**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **T** ☐ Delete  
NAME **APOSTOLIDES, WILLIAM**  
STREET ADDRESS **375 PARK AVE 800 Third Avenue**  
CITY-ST-ZIP **NEW YORK NY 10152 10022**

TITLE **Assistant Secretary** ☐ Change ☒ Addition  
NAME **Joseph Carney**  
STREET ADDRESS **800 Third Avenue**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **VP** ☐ Delete  
NAME **CONWAY, KEVIN**  
STREET ADDRESS **800 THIRD AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10022-7699**

TITLE **Assistant Secretary** ☐ Change ☒ Addition  
NAME **H. Stephen Gordon**  
STREET ADDRESS **100 Universal City Plaza**  
CITY-ST-ZIP **Universal City, CA**

TITLE **AS** ☐ Delete  
NAME **PALOTAY, MARC R**  
STREET ADDRESS **100 UNIVERSAL CITY PLAZA**  
CITY-ST-ZIP **UNIVERSAL CITY CA**

TITLE **Assistant Secretary** ☐ Change ☐ Addition  
NAME **H. Stephen Gordon**  
STREET ADDRESS **100 Universal City Plaza**  
CITY-ST-ZIP **Universal City, CA**

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.

SIGNATURE:

*Daniel J. Losito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

(212) 572-7092

Date

Daytime Phone #

CR2E034 (4/03)