

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 11 5:17

DOCUMENT # **P39769** (5)
1. Corporation Name
UNIVERSAL CITY PROPERTY MANAGEMENT COMPANY II

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608**
Mailing Address: **100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 95-4380300	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financial Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199 (32), Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State Apt # etc	2a. Mailing Address State Apt # etc
22. City & State City & State	2b. City & State City & State
23. Zip Country	2c. Zip Country
24. <input type="checkbox"/>	29. <input type="checkbox"/>
25. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	B5. Zip Code

11. Pursuant to the provisions of Sections 817 (2)(b) and 817 (2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 817 (2)(b) Florida Statutes.

SIGNATURE

Signature typed in permanent indelible ink on this form.

Signature typed in permanent indelible ink on this form.

149

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENSON, RONALD
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA 91608
TITLE	SD
NAME	SAMUEL, MICHAEL
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA
TITLE	VD
NAME	BAKER, RICHARD E.
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA
TITLE	V
NAME	SPUNGIN, LAWRENCE D.
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA
TITLE	VP
NAME	SMITH, GEORGE
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA
TITLE	T
NAME	CHERNEY, PAMELA F
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133 (07)(3)(B) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in the oath that I am an officer or director of this corporation. I further certify that my signature shall have the same legal effect as if made in the oath that I am an officer or director of this corporation. I further certify that my signature shall have the same legal effect as if made in the oath that I am an officer or director of this corporation. I further certify that my signature shall have the same legal effect as if made in the oath that I am an officer or director of this corporation.

SIGNATURE: / George Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

818-777-1767
Toll Free