

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90071 005 ***150.00

DOCUMENT # P39769

1. Entity Name

UNIVERSAL CITY PROPERTY MANAGEMENT COMPANY II

Principal Place of Business

Mailing Address

100 UNIVERSAL CITY PLAZA
 UNIVERSAL CITY CA 91608

P.O. BOX 5023
 NEW YORK NY 10150-5023
 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

95-4380300

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WILLIAMS, THOMAS L	NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GARCIA, SHARON	NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVD RANDALL, KAREN	NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP PALOTAY, MARC	NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BUSCEMI, PAUL	NAME	
STREET ADDRESS	800 THIRD AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CHERNEY, PAMELA F	NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Buscemi* **REQUIRED** Paul Buscemi 04/10/2000 (212) 572-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE