## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # P39769** 1. Entity Name UNIVERSAL CITY PROPERTY MANAGEMENT COMPANY II 04-13-2000 90071 005 \*\*\*150 00 Principal Place of Business Mailing Address 100 UNIVERSAL CITY PLAZA P.O. BOX 5023 UNIVERSAL CITY CA 91608 NEW YORK NY 10150-5023 บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 95-4380300 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Delete TITLE NAME WILLIAMS, THOMAS L NAME STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP **UNIVERSAL CITY CA 91608** ☐ Change ☐ Addition Delete TITLE TITLE NAME GARCIA, SHARON NAME STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-7IP UNIVERSAL CITY CA Change Addition TITLE ☐ Delete TITLE SVD NAME randall, karen NAME STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PALOTAY, MARC STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME **BUSCEMI, PAUL** NAME STREET ADDRESS STREET ADDRESS 800 THIRD AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHERNEY, PAMELA F STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP UNIVERSAL CITY CA

3. I hereby certify that the information supplied with this filing does not quality 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:

JAMEN STATES OURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Buscemi

04/10/2000 (212)

) (212) 572-7000

Date

Daytime Phone #