

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90002 050 ***150.00

DOCUMENT # P39769

1. Entity Name
UNIVERSAL CITY PROPERTY MANAGEMENT COMPANY II

Principal Place of Business 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	Mailing Address P.O. BOX 5023 NEW YORK NY 10150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 95-4380300	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS L	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, SHARON	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	RANDALL, KAREN	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PALOTAY, MARC	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BUSCEMI, PAUL	
STREET ADDRESS	800 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHERNEY, PAMELA F	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	
CITY-ST-ZIP	UNIVERSAL CITY CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conway, Kevin	
STREET ADDRESS	800 Third Avenue, 6th Floor	
CITY-ST-ZIP	New York, NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Kevin Conway **Kevin Conway** 4/12/01 (212) 572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/00)