SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000011705 (7)

Silver and Continue and	OUP, INC.				1/8/ 1/88/ 1/8// 188// 88/// 1 8/// 18//
Principal Place of Business	Mailing Address				TINI JAHAR IIKII 7001 JURGA 1811 IN
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819	1000 UNIVERSAL STU ORLANDO FL 32819	IDIOS PLAZ	Α		
				3. Date Incorporated or Qualified 3 02/09/1995	a. Date of Last Report
Principal Place of Business	2a, Mailing Address 26			4. FEI Number 6558037	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt #, etc.	-n ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Gountry 25	Z _i p 29	30	intry	8. This corporation has liability for intar-	
	Current Registered Agent		[10. Name and Address of New Registe	
ROGERS, HOWARD			81 Name		· · · · · · · · · · · · · · · · · · ·
1000 UNIVERSAL STUDIOS PLAZA			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32819			83		
			84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 	e State of Florida. Such change was	authorized	l by the cornorate	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE Signature typed or printed namin of regis	stered agent and title if applicable (Ne	ÖTE Begistere	d Agrint signature requi	ed when feasilating)	Ale
	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE D	DELETE	117)	TLF		Change Addition
ROGERS, HOWARD		12 N	AME		
STREET ADDRESS 1000 UNIVERSAL STU	JOHOS PLAZA	1.3 \$1	TREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32819 TITLE	DELETE		TY · ST · ZIP		
NAME	Detere	2 1 T)			Change Addition
STREET ADDRESS		2.2 N/]		
CITY-SI-ZIP			IREET ADDRESS		
TITLE	DELETE	3 1 TI	TLE		Change Addition
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CITY-ST-ZIP					
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7/15/96 40) 363-847