

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004659

Entity Name: SEAWORLD PARKS & ENTERTAINMENT LLC**Current Principal Place of Business:**9205 SOUTH PARK CENTER LOOP
SUITE 400
ORLANDO, FL 32819**Current Mailing Address:**9205 SOUTH PARK CENTER LOOP
SUITE 400
ORLANDO, FL 32819 US**FEI Number:** 36-2608369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SEAWORLD PARKS & ENTERTAINMENT INC
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CFO
Name HEANEY, JAMES M
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CHIEF ACCOUNTING OFFICER
Name SWANSON, MARC G
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title VICE PRESIDENT OF PLANNING AND ASSISTANT TREASURER
Name DEMSKY, HOWARD
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name ATCHISON, JIM
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title CHIEF LEGAL AND CORPORATE AFFAIRS OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY
Name TAYLOR, G. ANTHONY
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title TREASURER
Name BALLESTEROS, EUGENIO
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY
Name POWERS, PAUL B
Address 9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip: ORLANDO FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL B. POWERS**ASSISTANT SECRETARY** 04/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date