


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 176396 1. Entity Name MARINE EXHIBITION CORPORATION	
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Principal Place of Business 3195 PONCE DE LEON BLVD C/O MICHAEL S BROWN CORAL GABLES, FL 33134	Mailing Address 3195 PONCE DE LEON BLVD C/O MICHAEL S BROWN CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0713782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL S. BROWN  
3195 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000066346  
02/26/04-80012-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCC HERTZ, ARTHUR H. 3195 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD BROWN, MICHAEL S. 3195 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF MOODY, SHERRYL K 3195 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TOLEDO, ANA M 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 2/20/04 Daytime Phone #: 305-529-1414

Michael S. Brown