

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90098 006 \*\*\*150.00

06328553 SP

**DOCUMENT # 399312**

1. Entity Name  
**FLORIDA "M" CORPORATION**

Principal Place of Business Mailing Address  
**PARK PLACE & TH BOARDWALK** **PARK PLACE & TH BOARDWALK**  
**ATLANTIC CITY NJ 08401** **ATLANTIC CITY NJ 08401**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **N/A** Suite, Apt. #, etc. **N/A**

City & State City & State 4. FEI Number **93-0720416** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent  
 Name **N/A**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BOYNTON, PETER</b> <b>3570 LAS VEGAS BLVD SOUTH</b> <b>LAS VEGAS NV 89109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUBINSTEIN, MARC</b> <b>3570 LAS VEGAS BLVD., SOUTH</b> <b>LAS VEGAS NV</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SGC</b> <b>RIVERA-SOTO, ROBERTO</b> <b>3800 HOWARD HUGHES PKWY, SUITE 1600</b> <b>LAS VEGAS NV</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>WILSON, BETTY M</b> <b>3570 LAS VEGAS BLVD SOUTH</b> <b>LAS VEGAS NV 89109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MALAND, TIM</b> <b>3570 LAS VEGAS BLVD., SOUTH</b> <b>LAS VEGAS NV 89109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/President/Treasurer</b> <b>WALLACE R. BARR</b> <b>Park Place and the Boardwalk</b> <b>Atlantic City, NJ 08401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>KIM SINATRA</b> <b>3930 Howard Hughes Parkway</b> <b>Las Vegas, NV 89109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>BERNARD E. DeLURY, JR.</b> <b>Park Place and the Boardwalk</b> <b>Atlantic City, NJ 08401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Mark A. Clayton</b> <b>3930 Howard Hughes Parkway</b> <b>Las Vegas, NV 89109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
**Bernard E. DeLury, Jr., Assistant Secretary**  
 Date **01/09/02** Daytime Phone # **(609) 340-2820**

CR2E034 (9/01)