

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90313 004 ***150.00

0656501 AT

DOCUMENT # 399312



1. Entity Name
FLORIDA "M" CORPORATION

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

Mailing Address
**3930 HOWARD HUGHES PARKWAY
LAS VEGAS NV 89109**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** Delete
NAME **BARR, WALLACE R**
STREET ADDRESS **PARK PLACE AND THE BOARDWALK**
CITY-ST-ZIP **ATLANTIC CITY NJ 08401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **SINATRA, KIM**
STREET ADDRESS **3930 HOWARD HUGHES PARKWAY**
CITY-ST-ZIP **LAS VEGAS NV 89109**

TITLE **Secretary** Change Addition
NAME **Bernard E. DeLury, Jr.**
STREET ADDRESS **3930 Howard Hughes Pkwy.**
CITY-ST-ZIP **Las Vegas, NV 89109**

TITLE **AS** Delete
NAME **DELURY, BERNARD E JR**
STREET ADDRESS **PARK PLACE AND THE BOARDWALK**
CITY-ST-ZIP **ATLANTIC CITY NJ 08401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** Delete
NAME **CLAYTON, MARK A**
STREET ADDRESS **3930 HOWARD HUGHES PARKWAY**
CITY-ST-ZIP **LAS VEGAS NV 89109**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark A. Clayton* **REQUIRED**

April 25, 2003

702.699.5042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)