FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2003- Amended

DOCUMENT # _ _ _ _ _ _ 605246

1. Entity Name
BAHAMA FAMILY ISLANDS PROMOTION BOARD INC.

FILED
'03 DEC 17 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 SOUTH PINE ISLAND RD.	1200 SOUTH PINE ISLAND RD.
Suite, Apt. #, etc. # 750	Suite, Apt. #, etc. # 750
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324 Country USA	Zip 33324 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1881976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kerry Fountain

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD. SUITE # 750

City: PLANTATION FL Zip Code: 33324

6. 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: D. Kerry Fountain SEPTEMBER 17, 2003
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/D	TITLE	
NAME	Jeff Birch	NAME	
STREET ADDRESS	SMALL HOPE BAY LODGE	STREET ADDRESS	
CITY-ST-ZIP	FRESH CREEK, ANDROS, BAHAMAS	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	ELIZABETH VANCE	NAME	
STREET ADDRESS	1100 LEE WAGENER BLVD. SUITE 310	STREET ADDRESS	000025086950
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	CITY-ST-ZIP	12/01/03--01012--003 **61.25
TITLE	T/D	TITLE	
NAME	ITALYA (LIA) HEAD	NAME	
STREET ADDRESS	BIMINI BIG GAME CLUB P.O.BOX 699	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	ALICE TOWN, NORTH BIMINI, BAHAMAS	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	S/D	TITLE	
NAME	EMMANUEL ALEXIOU	NAME	
STREET ADDRESS	SUNCO BUILDERS, CRAWFORD STR.	STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

X **SIGNATURE:** [signature] V. Pres. 12/8/03 954 475-8315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #