

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000003062

FILED
May 01, 2008
Secretary of State

Entity Name: ISLE OF CAPRI CASINOS, INC.

Current Principal Place of Business:

600 EMERSON RD.
SUITE 300
ST. LOUIS, MO 63141 US

New Principal Place of Business:

Current Mailing Address:

600 EMERSON RD.
SUITE 300
ST. LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 41-1659606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, ALLAN B
2200 CORPORATE BLVD NW
SUITE 310
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: ALLAN B. SOLOMON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINKLEY, TIMOTHY M
Address: 1641 POPPS FERRY RD., STE. B-1
City-St-Zip: BILOXI, MS 39532

Title: CD () Delete
Name: GOLDSTEIN, BERNARD
Address: 4001 N. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL

Title: VAS () Delete
Name: SOLOMON, ALLAN B.
Address: 2200 CORP. BLVD., NW STE. 310
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: GOLDSTEIN, ROBERT
Address: 555 N NEW BALLAS ROAD #150
City-St-Zip: ST LOUIS, MO 63141

Title: VPT () Delete
Name: MITCHELL, DONN
Address: 1641 POPPS FERRY RD
City-St-Zip: BILOXI, MS 39532

Title: D () Delete
Name: CRYSTAL, EMANUEL
Address: 1404 ALLEN STREET
City-St-Zip: JACKSON, MS 39225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDOWELL, VIRGINIA
Address: 600 EMERSON ROAD
City-St-Zip: ST. LOUIS, MO 63141

Title: CD (X) Change () Addition
Name: GOLDSTEIN, BERNARD
Address: 2200 CORP. BLVD., NW STE. 310
City-St-Zip: BOCA RATON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GUIDA, GREGORY D
Address: 600 EMERSON ROAD
City-St-Zip: ST. LOUIS, MO 63141

Title: VP (X) Change () Addition
Name: BLACK, DALE
Address: 600 EMERSON ROAD
City-St-Zip: ST. LOUIS, MO 63141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY D. GUIDA

SVP

05/01/2008

Electronic Signature of Signing Officer or Director

Date