

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90001 043 ***150.00

DOCUMENT # P93000081778

1. Entity Name
KERZNER INTERNATIONAL RESORTS, INC.



Principal Place of Business
**1000 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324-3907 US**

Mailing Address
**1000 S. PINE ISLAND ROAD
#800
PLANTATION, FL 33324 US**



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0483525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DEVP
NAME	ALLISON, JOHN
STREET ADDRESS	1000 S. PINE ISLAND ROAD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VAS
NAME	KARAWAN, HOWARD C.
STREET ADDRESS	1000 S. PINE ISLAND ROAD #800
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VS
NAME	MURTHA, WILLIAM C
STREET ADDRESS	2106 NEW ROAD, C7
CITY-ST-ZIP	LINWOOD, NJ 08221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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; 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Allison, Exec Vice Pres. 3/29/2004 (954) 809-2626

CMR 7002 0860 0002 3874 3435