# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P93000081778

1. Entity Name
KERZNER INTERNATIONAL RESORTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324-3907 US | 1000 S. PINE ISLAND ROAD<br>#800<br>PLANTATION, FL 33324 US |

**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-P CR2E034 (10/03)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/27/05-80045-001 150.00

**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 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:** John R. Allison 1/7/2005 (954) 809-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #