2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 07, 2009
Secretary of State

DOCUMENT# P93000081778

Entity Name: KERZNER INTERNATIONAL RESORTS, INC.

Current Principal Place of Business:

1000 SOUTH PINE ISLAND ROAD
#800
PLANTATION, FL 333243907 US

New Principal Place of Business:

Current Mailing Address:

1000 SOUTH PINE ISLAND ROAD
#800
PLANTATION, FL 333243907 US

New Mailing Address:

P.O.BOX SS 19487
NASSAU, NP 000000000 BA

FEI Number: 65-0483525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DEVP ( ) Delete
Name: BIUMI, BONNIE
Address: 1000 S. PINE ISLAND ROAD, SUITE 800
City-St-Zip: PLANTATION, FL 33324

Title: EVP ( ) Delete
Name: DIGILIO, MONICA
Address: 1000 S. PINE ISLAND ROAD #800
City-St-Zip: PLANTATION, FL 33324

Title: SVP ( ) Delete
Name: JONES, CATHERINE
Address: 1000 S. PINE ISLAND ROAD #800
City-St-Zip: PLANTATION, FL 33324

Title: DVP ( ) Delete
Name: LEVINE, RICHARD M
Address: 730 FIFTH AVE 5TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: BETHEL, GARTH R
Address: 1000 S. PINE ISLAND ROAD #800
City-St-Zip: PLANTATION, FL 33324

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: BONNIE BIUMI DEVP 08/07/2009

Electronic Signature of Signing Officer or Director — Date