

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90249 028 ***150.00

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1. Entity Name

KERZNER INTERNATIONAL RESORTS, INC.



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

Mailing Address
**1415 E. SUNRISE BOULEVARD
FT LAUDERDALE FL 33324
US**



2. Principal Place of Business

3. Mailing Address

1000 S. Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#800

City & State

Plantation, FL

4. FEI Number **65-0483525**

Applied For

Not Applicable

Zip

Country

Zip

Country

33324

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DEVP** ☐ Delete
NAME **ALLISON, JOHN**
STREET ADDRESS **1415 E. SUNRISE BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **DEVP** ☒ Change ☐ Addition
NAME **ALLISON, JOHN**
STREET ADDRESS **1000 S. PINE ISLAND RD., #800**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VAS** ☐ Delete
NAME **KARAWAN, HOWARD C.**
STREET ADDRESS **1415 E. SUNRISE BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **VAS** ☒ Change ☐ Addition
NAME **KARAWAN, HOWARD C.**
STREET ADDRESS **1000 S. PINE ISLAND RD., #800**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VS** ☐ Delete
NAME **MURTHA, WILLIAM C**
STREET ADDRESS **1133 BOARDWALK**
CITY-ST-ZIP **ATLANTIC CITY NJ 08401**

TITLE **VS** ☒ Change ☐ Addition
NAME **MURTHA, WILLIAM C.**
STREET ADDRESS **2106 NEW ROAD, C7**
CITY-ST-ZIP **LINWOOD, NJ 08221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **CME 7001 2510 0007 8780 5724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. ALLISON

Date

1/22/2003

Daytime Phone #

(954) 809-2626

CR2E034 (10/02)