

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003062

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: ISLE OF CAPRI CASINOS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

## 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:

Electronic Signature of Registered Agent

Date

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: YEISLEY, REXFORD  
Address: 1641 POPPS FERRY RD STE B-1  
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: ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

03/02/2005

Electronic Signature of Signing Officer or Director

Date