

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000128

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: FBA II, INC.

## Current Principal Place of Business:

601 BISCAYNE BLVD.  
C/O RAQUEL LIBMAN  
MIAMI, FL 33132

## New Principal Place of Business:

601 BISCAYNE BLVD.  
AMERICAN AIRLINES ARENA  
MIAMI, FL 33132

## Current Mailing Address:

601 BISCAYNE BLVD.  
C/O RAQUEL LIBMAN  
MIAMI, FL 33132

## New Mailing Address:

601 BISCAYNE BLVD.  
AMERICAN AIRLINES ARENA  
MIAMI, FL 33132

FEI Number: 65-0716608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER  
21ST FLOOR 2 SO BISCAYNE BLVD  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

LAW CENTER OF THE AMERICAS, LLC  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI, FL 33131 US

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: RONALD ALBERT, JR., VICE PRESIDENT

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: ARISON, MICKY  
Address: 601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

Title: DVP ( ) Delete  
Name: WOOLWORTH, ERIC S  
Address: 601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: FRANK, HOWARD S  
Address: 601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

Title: VPT ( ) Delete  
Name: SCHULMAN, SAMUEL D  
Address: 601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

Title: VPS ( ) Delete  
Name: LIBMAN, RAQUEL  
Address: 601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARISON, MICKY  
Address: 601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

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 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: SAMUEL D. SCHULMAN

VPT

04/17/2009

Electronic Signature of Signing Officer or Director

Date