

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002791

Entity Name: FATHOM TRAVEL LTD., CORP.**Current Principal Place of Business:**800 5TH AVE SUITE 2600
SEATTLE, WA 98104**Current Mailing Address:**3655 NW 87TH AVE MLGL-815
MIAMI, FL 33178**FEI Number:** 98-1246015**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	DONALD, ARNOLD
Address	3655 NW 87TH AVE
City-State-Zip:	MIAMI FL 33178

Title	DP
Name	RUSSELL, TARA V
Address	3655 NW 87TH AVE
City-State-Zip:	MIAMI FL 33178

Title	D, SECRETARY
Name	PEREZ, ARNALDO
Address	3655 NW 87TH AVE
City-State-Zip:	MIAMI FL 33178

Title	D
Name	NOYES, DAVID
Address	3655 NW 87TH AVE
City-State-Zip:	MIAMI FL 33178

Title	D
Name	HOLT, ELAINE K
Address	3655 NW 87TH AVE
City-State-Zip:	MIAMI FL 33178

Title	D
Name	CAROLINE, ANN
Address	3655 NE 87TH AVE
City-State-Zip:	MIAMI FL 33178

I hereby 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 all other like empowered.

SIGNATURE: ARNALDO PEREZ**SECRETARY****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date