

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1082

DOCUMENT # 176396 1. Entity Name MARINE EXHIBITION CORPORATION				 <i>[Signature]</i>		FILED 05 JUN 23 PM 4:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3195 PONCE DE LEON BLVD C/O MICHAEL S BROWN CORAL GABLES, FL 33134				Mailing Address 3195 PONCE DE LEON BLVD C/O MICHAEL S BROWN CORAL GABLES, FL 33134			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MICHAEL S. BROWN 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: DCC NAME: HERTZ, ARTHUR H. STREET ADDRESS: 3195 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 900056633169 STREET ADDRESS: 06/29/05--01004--005 CITY-ST-ZIP: *\$61.25			
TITLE: PSCD NAME: BROWN, MICHAEL S. STREET ADDRESS: 3195 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: V/DF/AS/AT STREET ADDRESS: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:			
TITLE: DF NAME: MOODY, SHERRYL K STREET ADDRESS: 3195 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL <input type="checkbox"/> Delete				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: V/T STREET ADDRESS: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:			
TITLE: VC NAME: TOLEDO, ANA M STREET ADDRESS: 3195 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL 33134 <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: V/GM STREET ADDRESS: ANDREW P HERTZ CITY-ST-ZIP: 3195 Ponce De Leon Blvd Coral Gables, FL			
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: V STREET ADDRESS: ERIC EIMSTAD CITY-ST-ZIP: 3195 Ponce De Leon Blvd. Coral Gables, FL			
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: Ana M. Toledo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6-15-05 <small>Date</small>			
<i>[Signature]</i>				(305) 529-1400 <small>Daytime Phone #</small>			

202

ADDITIONAL OFFICER

TITLE	AT	ADDITION
NAME	JOSEPH V FURFARO	
ADDRESS	3195 Ponce De Leon Blvd.	
CITY-ST-ZIP	Coral Gables, FL	