
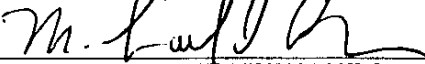


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90050 037 ***150.00

DOCUMENT # 176396					
1. Entity Name MARINE EXHIBITION CORPORATION					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0713782	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PSCD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MICHAEL S.		NAME	Brown, Michael S	
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS	3195 Ponce De Leon Blvd.	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables, FL	
TITLE	VAST	<input type="checkbox"/> Delete	TITLE	CDAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, SHERRYL K		NAME	Hertz, Arthur H	
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS	3195 Ponce De Leon Blvd	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables, FL	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLEDO, ANA M		NAME	Smith, Thomas W	
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS	3195 Ponce De Leon Blvd	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL	
TITLE	VGM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, ANDREW P		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIMSTAD, ERIC		NAME		
STREET ADDRESS	3195 PONCE DE LEON BLVD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Michael S. Brown 2/11/08 305-529-1414			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

4000200



02042008 Chg-P CR2E034 (12/06)