

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176396

FILED
Apr 15, 2009
Secretary of State

Entity Name: MARINE EXHIBITION CORPORATION

Current Principal Place of Business:

3195 PONCE DE LEON BLVD
C/O MICHAEL S BROWN
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3195 PONCE DE LEON BLVD
C/O MICHAEL S BROWN
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-0713782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL S. BROWN
3195 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BROWN, MICHAEL S
3195 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: MICHAEL S BROWN

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BROWN, MICHAEL S.
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL

Title: VAST () Delete
Name: MOODY, SHERRYL K
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL

Title: VT () Delete
Name: TOLEDO, ANA M
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: VGM () Delete
Name: HERTZ, ANDREW P
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: EIMSTAD, ERIC
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: CDAS () Delete
Name: HERTZ, ARTHUR H
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BROWN, MICHAEL S
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: VAST (X) Change () Addition
Name: MOODY, SHERRYL K
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: D (X) Change () Addition
Name: SMITH, THOMAS W
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: CDAS (X) Change () Addition
Name: HERTZ, ARTHUR H
Address: 3195 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: MICHAEL S BROWN

PSD

04/15/2009

Electronic Signature of Signing Officer or Director

Date