

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176396

FILED
Feb 24, 2011
Secretary of State

Entity Name: MARINE EXHIBITION CORPORATION

Current Principal Place of Business:

4400 RICKENBACKER CAUSEWAY
MIAMI, FL 33149

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:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MICHAEL S BROWN

PSD

02/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date