2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001890 1. Entity Name							OFORES	FILED		
TEMPUS RESORTS MANAGEMENT, LTD.							SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 7380 SAND LAKE ROAD. STE. 600 7380 SAND LAKE ROAD. ST ORLANDO FL 32819 ORLANDO FL 32819-5259)		28 PM I2: 06	83/3	
2. Principal Place of Business 3. Mailing Address						<u> </u>			8121 88281 11887 18118 48217 8811 1881	
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State City & State						4. FEI Number 59-3535537		59-3535537	Applied For Not Applicable	
Zip	Country			Zip Country		try	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name	and Address of Cu	rrent Regis	tered Agent		7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						Street Address (P.O. Box Number is Not Acceptable)				
						City	FL Zip Code			
8. The above	named entit	y submits this statem	ent for the p	urpose of changing its	s registere	ed office or registe	ered agent, or both,	in the State of Florida.		
SIGNATURE _	Signature, typed	or printed name of registere	d agent and title i	f applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)	DA	<u></u>	
9. Capital Contributions as Shown on record. 850,30 4 in FLORIDA to date					date.	850.3	04	SEE REVERSE SIDE	BLE TO DEPT. OF STATE E FOR FEE INFORMATION	
	A (GENERAL PARTN	ER THAT	IS A BUSINESS EN	NTITY M	UST BE REGIS	STERÉD AND AC	TIVE WITH THIS OFF to change a general	ICE.	
12.	NOTE	GENERAL PAI			13.	, an amendine	THE HIGH DE HIGH	ADDRESS CHANGES		
DOCUMENT# P98000014686						ET ADORESS				
NAME Street address City-St-Zip	TEMPUS MARKETING INTERNATIONAL, INC. 7380 SAND LAKE ROAD, STE. 600 ORLANDO FL 32819					-ST-ZIP				
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to execute this report as required by Chapter 620, Florida Statutes Requestion 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the limited partnership or the receiver or trustee experience to the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee experience to the limited partnership or the receiver or trustee experience to the limited partnership or the receiver or trustee experience to the receiver of the limited partnership or the receiver or trustee experience to the										
SIGNAT	'URE: \(\)	SIGNATURE AND TY	PED OR PRINTE	D NAME OF SIGNING GENE				4/19/00 4 Date	Daytime Phone #	