2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am DOCUMENT # F0000001091 Secretary of State WET 'N WILD INTERNATIONAL, INC. 05-04-2001 90085 044 ***150.00 Principal Place of Business Mailing Address 2000 EAST LAMAR BLVD., SUITE 750 2000 EAST LAMAR BLVD., SUITE 750 ARLINGTON TX 76006 ARLINGTON TX 76006 2. Principal Place of Business 3. Mailing Address 50 N. Laura Street 50 N. Laura Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 3400 Suite 3400 City & State City & State 4. FEI Number Applied For 75-2424452 Jacksonville, FL <u>Jacksonville</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32202 32202 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. V/D TITLE TITLE XX Delete ☐ Change **X**Addition Goldman, Nathan D. NAME MACKIN, SCOTT NAME STREET ADDRESS 2 PENNSYLVANIA PLAZA STREET ADDRESS 50 N. Laura Street, Suite 3400 CITY-ST-ZIP NEW YORK NY 10121 CITY-ST-ZIP Jacksonville, FL 32202 TITLE ☐ Delete TITLE XX Change Addition P/D DREW, RANDAL H NAME Drew, Randal H. NAME STREET ADDRESS 2 PENNSYLVANIA PLAZA STREET ADDRESS 50 N. Laura Street, Suite 3400 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10121** Jacksonville, FL 32202 TITLE XX Delete V/S/T/D ☐ Change **XX**Addition TITLE ALLEN, PETER NAME NAME Griggs, Gwen Hutcheson 2 PENNSYLVANIA PLAZA STREET ADDRESS STREET ADDRESS 50 N. Laura Street, suite 3400 CITY-ST-7IP **NEW YORK NY 10121** CITY-ST-ZIP Jacksonville, FL 32202 TITLE XX Delete TITLE Change Addition METZGER, WILLIAM J NAME NAME STREET ADDRESS 2 PENNSYLVANIA PLAZA STREET ADDRESS CITY-ST-ZIF **NEW YORK NY 10121** CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUNICIPAL GWEN HUTCHESON GRIGGS 4/25/0/ 904-356-2532 x 22

SIGNATURE AND TYPED OR PRINTER AND OFFICER OR DIRECTOR

Dating Phone #

13. Thereby 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 11 or Block 12 if

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FILED