FOR PROFIT CORPORATION

FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90099 013 ***150.00

UNIFORM BUSINESS REPORT	(UB)
DOCUMENT # F02000005317	1 6

1. Entity Nam	C CRUISE LINE SER	VICES CO.	V				
	DO NOT WRITE	IN THIS SI	PAC	E 300 000 000			
2. Principal Place of Business 405-A Atlantis Road 3. Mailing Address 405-A Atlantis Road							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	ACE
City & State	Canaveral, FL	City & State Cape Canavera	1, F	L _	4. FEI Number 76-0717303		Applied For Not Applicable
Zip	Country	Zip 32920	Cour	itry	5. Certificate of Status Desired		8.75 Additional e Required
32920		1 32 920			7. Name and Address of Current F	tegistered A	gent
	er ar nome segan premier is.		3.71	Name Kelley	, Allan R., Esq.		
Street Address (1 100 S Street Address (1 100 S			P.O. Box Number is Not Acceptable) E. 2nd Street, 18t	h Floo	r		
	IN THIS SP	ACE					
i de la companione de l		agenti lingge spita Vallanda		^{City} Miami		FL	33931
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registere	ed agent, or both, in the State of Flor	ida. 1 am fam	niliar with, and accept
tise onligat	ions or registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	: E: Registere	d Agent signature required	when reinstating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			9. Election Campaign Fina Trust Fund Contribution.	· -	\$5.00 May Be Added to Fees
Make Check 10.	OFFICERS AND I		6.7				
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NAME	Agapiou, Agis Fortuna Ct., 284 M	akarios III Av	NAM COLUMN	E Et address		. 10	7
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NAME	Droussiotou, Chris	tina		Englished Lagrent			, A
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NAME.	Hentz Jeffrey	 	NAV	ALCOHOL: NA E-DESC.			
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CITY-ST-ZIP	Cape Canaveral, FI	32920	2781.2521.2894	Egypt (SUS)		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE NAME			NAM	r i			
STREET ADDRESS				ET AODRESS			

12. 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 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 pritrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

thữ 👑 🎾

NAME

STREET ADDRESS

SIGNATURE:

CITY- ST- ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Jeffrey Hentz, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osto

321-784-1086

Daytime Phone #