FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90148 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30043

1. Entity Name

CARNIVAL AMUSEMENTS CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5520 SW 8th STREET		9720 PINES BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PLANTATION, FL		City & State: PEMBROKE PINES, FL	
Zip: 33317	Country: U S A	Zip: 33024	Country: U S A

4. FEI Number 59-2089406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ~~TELLONE, JOSEPH D~~

Street Address (P.O. Box Number is Not Acceptable): 5520 SW 8th STREET

City: PLANTATION **FL** Zip Code 33317

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 ______________________________ DATE

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	TITLE	
NAME	AMES, BARBARA	NAME	
STREET ADDRESS	5520 SW 8th STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	TELLONE, JOSEPH D	NAME	
STREET ADDRESS	5520 SW 8th STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Ames 4-28-03 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #