

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90025 006 ***150.00

DOCUMENT # F95000001882

1. Entity Name
MISSISSIPPI GAMING CORPORATION

Principal Place of Business
 150 INDIAN HILL BLVD
 SUITE 200
 MADEIRA BCH FL 33708-1856
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

6. Name and Address of Current Registered Agent
VITAL, DEBORAH A
150-153RD AVENUE SUITE 200
MADEIRA BCH FL 33708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------|---------------------------------|---|-----------------------|--|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VITALE, DEBORAH | | NAME | JAMES ILLIUS | |
| STREET ADDRESS | 1013 PRINCESS ST. | | STREET ADDRESS | 3791 FRANCIS DR. | |
| CITY-ST-ZIP | ALEXANDRIA VA 22314 | | CITY-ST-ZIP | ROCKY RIVER, OH 44116 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUBER, JOHN R | | NAME | | |
| STREET ADDRESS | 20018 WESTOVER AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKY RIVER OH 44116 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMATTIA, PAUL J | | NAME | | |
| STREET ADDRESS | 4002 PINE FOREST DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PARMA OH 44134 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRISON, GREGORY A | | NAME | | |
| STREET ADDRESS | 16209 KIMBERLY GROVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | GAITHERSBURG MA 20878 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH VITALE **4-25-2000** **727-393-2885**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)