FOR PROFIT CORPORATION AMEN DED UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F96000005081 1. Entity Name 02 SEP 17 PM 3:18 Maritime Entertainment Ltd., Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA 100007777391--8 DO NOT WRITE IN THIS SPACE -09/16/02--01080--023 ****157.50 *****61.25 2. Principal Place of Business 3045 N. Federal Highway 3. Mailing Address 3045 N. Federal Highway Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE The Landmark Building The Landmark Building City & State City & State 4. FEI Number Applied For Fort Lauderdale, FL 52-2166077 Fort Lauderdale, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33306 USA 33306 USA Fee Required 7. Name and Address of Current Registered Agent Law Offices of Judith A. Jarvis, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
1260 East Oakland Park Boulevard #200 IN THIS SPACE Fort Lauderdale 33334-4418 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.

On Part 15, P.A Judith A. Jarvis, President January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so Amended UBR is \$61.25 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. P/D· THLE CR2E034B (12/01 Douglas R. Baetz NAME NAME 1260 E. Oakland Park Blvd. CEREET ANDRESS STREET ADDRESS CITY-ST-ZiP Fort Lauderdale, FL 33334 CITY St. 7/P EVP/S/D TIME TITLE Glenn M. Gallant NAME STREET ADDRESS 1260 E. Oakland Park Blvd. STREET ADDRESS CITY-ST.7IP Fort Lauderdale, FL 33306 CITY-ST-ZIP TITLE TIME C. Dean Hofmeister NAME NAME 3045 N. Federal Highway STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7/P Fort Lauderdale, FL 33306 CITY-ST-ZIP HILF IN THIS SPACE NAMI. MAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITÝ-ST-ZIÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IE THLE NAME NAME STREET ADDRESS STREET ADDRESS-CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quality 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 Glenn M. Gallant, Secretary (954) 453-3000