

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000005642

1. Entity Name

LOEWS ORLANDO HOTEL PARTNER, INC.

FILED  
Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90013 019 \*\*\*150.00

0675609 AT

|   |   |
|---|---|
| Principal Place of Business<br>667 MADISON AVENUE<br>NEW YORK NY 10021-8087 | Mailing Address<br>655 MADISON AVE<br>TAX DEPT./14TH FLR.<br>NEW YORK NY 10021-8043<br>US |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |



DO NOT WRITE IN THIS SPACE

|  |   |  |
|--|---|--|
| 4. FEI Number<br>65-0709821  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After May 1, 2002 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. EXISTING OFFICERS AND DIRECTORS  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>CD<br>TISCH, JONATHAN M<br>667 MADISON AVENUE<br>NEW YORK NY         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VS<br>GARSON, GARY W<br>667 MADISON AVENUE<br>NEW YORK NY 10021-8087 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>T<br>KENNY, JOHN J<br>655 MADISON AVENUE<br>NEW YORK NY 10021        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>AT<br>BECKER, SUSAN T.<br>655 MADISON AVENUE<br>NEW YORK NY 10021    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>AT<br>DESMOND, DENIS<br>655 MADISON AVENUE<br>NEW YORK NY 10021      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>PD<br>ADLER, JACK<br>667 MADISON AVENUE<br>NEW YORK NY               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: DENIS R. DESMOND ASSISTANT TREASURER 3/27/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENIS R. DESMOND Date Daytime Phone #

-CR2E034 (9/01)

ATTACH

DOC# F960000005642  
618982



LOEWS  
CORPORATION

March 27, 2002

Division of Corporations  
Uniform Business Reports  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2002 Florida Annual Uniform Business Report

Gentlemen:

Enclosed are our Annual Uniform Business Reports for the calendar year 2001 for the following companies.

| Company Name                                     | FEIN #     | Amount | Certified Mail           |
|--|------------|--------|--------------------------|
| Loews Orlando Operating Company Inc.             | 58-2359536 | 150.00 | 7000 0600 0021 9057 0380 |
| Loews Orlando Hotel Partner, Inc.                | 65-0709821 | 150.00 | 7000 0600 0021 9057 0373 |
| Loews Miami Beach Hotel Operating Company, Inc.  | 65-0696425 | 150.00 | 7000 0600 0021 9057 0366 |
| MB Redevelopment, Inc.                           | 65-0696427 | 150.00 | 7000 0600 0021 9057 0359 |
| St. Moritz Hotel Corp.                           | 65-0596579 | 150.00 | 7000 0600 0021 9057 0342 |
| Loews Miami Beach Hotel Owners Association, Inc. |            | 61.25  | 7000 0600 0021 9057 0335 |
| Marcus Loew Booking Agency                       | 13-0980810 | 150.00 | 7000 0600 0021 9057 0328 |
| Majestic Shipping Services Corp.                 | 13-3372925 | 150.00 | 7000 0600 0021 9057 0311 |

Very truly yours,

Frederick Anderson  
Tax Department

FA/ss

Enclosures