

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000004947

FILED
Feb 05, 2003
Secretary of State

Entity Name: CUNARD LINE LIMITED CO.

Current Principal Place of Business:

6100 BLUE LAGOON DR
STE 400
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6100 BLUE LAGOON DR
STE 400
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 94-3151065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ARNALDO
C/O CARNIVAL CORPORATION
3655 NW 87 AVE
MIAMI, FL 33178

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ARISON, MICKY
Address: 3655 NW 87 AVE.
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: FRANK, HOWARD S
Address: 3655 NW 87 AVE.
City-St-Zip: MIAMI, FL 33178

Title: PD () Delete
Name: CONOVER, PAMELA C
Address: 6100 BLUE LAGOON DR #400
City-St-Zip: MIAMI, FL 33126

Title: CFO () Delete
Name: BERNSTEIN, DAVID
Address: 6100 BLUE LAGOON DR #400
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: PEREZ, ARNALDO
Address: 3655 N.W. 87 AVE.
City-St-Zip: MIAMI, FL 33178

Title: N/A () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NA NONE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BERNSTEIN

CFO

02/05/2003

Electronic Signature of Signing Officer or Director

_____ Date